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**The Hamilton-Wentworth  
Community Action Program for Children  
(CAPC) Project:  
Local Evaluation of the  
BABY'S BEST START PROGRAM**

Social Planning & Research Council

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(CAPC) Project:  
Local Evaluation of the  
BABY'S BEST START PROGRAM**

**January 1998**

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From May 01 1994 - March 31 1997  
(First Three Years of Funding)

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*The views expressed herein do not necessarily represent the official policy of Health Canada.*

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## TABLE OF CONTENTS

### ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY	ii
1.0 INTRODUCTION	1
2.0 HISTORY OF THE CAPC PROJECT	2
2.1 History Of The Baby's Best Start Program	2
3.0 AN OVERVIEW OF BABY'S BEST START PROGRAM	4
4.0 EVALUATION OF THE BABY'S BEST START PROGRAM	7
4.1 Program Development Form	7
4.2 Demographic Information Form	7
4.3 Written Participant Evaluation Form	8
4.4 Written Service Provider Evaluation Form	8
4.5 Attendance Form	8
4.6 Participant Focus Groups	8
4.7 Qualitative Interviews with Program Participants	8
4.8 Long Term Follow Up Quantitative Interviews: Form E	8
5.0 ATTENDANCE AT THE BABY'S BEST START PROGRAM	10
5.1 Total Number of Different Participants Served	10
6.0 THE CAPC CATCHMENT AREA	11
6.1 Risk Indicators in the CAPC Catchment Area	11
6.1.1 Income Levels	12
6.1.2 Social Assistance Rates	12
6.1.3 Additional Risk Indicators	13
7.0 DEMOGRAPHICS OF PROGRAM PARTICIPANTS	14
7.1 Limitations of the Demographic Data	14
7.2 Limitations of the Demographic Data	15
7.3 Interpretation of the Demographic Data	15
7.3.1 Baby's Best Start is Serving a Population "A-Risk"	17
7.4 Gender	17
7.5 Family Composition	18
7.6 Age	18
7.7 Languages Spoken in the House	19
7.8 Gross Household Income	19
7.9 Education Levels	20
7.10 Employment Status	21
7.11 Number of Children 6 Years and Under Living in the Participants House	21
7.12 Catchment Area Statistics for Baby's Best Start Participants	22
8.0 PROGRAM PROCESS DATA	23
8.1 Developmental Stages of Baby's Best Start Program	23
8.2 Lessons Learned From the Baby's Best Start Program	24
8.3 Changes Made to the Baby's Best Start Program	24



The Hamilton-Wentworth Community Action Program for Children (CAPC) Project:  
Local Evaluation Report of the Baby's Best Start Program

9.0 PROGRAM PROCESS DATA	26
9.1 Reasons Why Participants Come to Baby's Best Start	26
9.2 Participant Evaluation Form	28
9.3 How Participants Rated the Program	28
9.4 "What Do You Find Most Helpful"	28
9.5 "What is Least Helpful?"	29
9.6 What are you Do differently As A Result of the Program?	29
10.0 DATA FROM THE PROGRAM STAFF	31
10.1 Participant Issues	31
10.2 Session Description	34
10.3 Group Dynamics	35
10.4 Participation	35
10.5 What Worked Well	36
10.6 What Did Not Work Well	36
10.7 Recommendations Made by Program Staff	37
10.8 Recommendations Made by Participants	37
11.0 VIGNETTE FROM THE QUALITATIVE INTERVIEWS	39
11.1 Participant A	39
11.2 Participant B	40
12.0 PARTICIPANT COMMENTS ABOUT PROGRAM STAFF	41
13.0 BABY'S BEST START OBJECTIVES, INDICATORS & OUTCOMES	42
14.0 RECOMMENDATIONS FOR FUTURE PROGRAMMING AND EVALUATION	44
15.0 CONCLUSIONS	45
16.0 REFERENCES	46

**Appendices:**

- Appendix One: Program Development Form
- Appendix Two: Demographic Information Form
- Appendix Three: Participant Evaluation Form
- Appendix Four: Service Provider Evaluation Form
- Appendix Five: Attendance Form
- Appendix Six: Focus Group Questions
- Appendix Seven: Qualitative Interview Questions
- Appendix Eight: Long Term Follow-Up Quantitative Interview: Form E
- Appendix Nine: Map of CAPC Catchment Area



## ACKNOWLEDGEMENTS

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The Hamilton-Wentworth CAPC is a collaborative community effort of the following agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program, and The Social Planning and Research Council of Hamilton-Wentworth.

The views expressed herein are solely those of the author and/or the Community Action Program for Children Evaluation Committee and do not necessarily represent the official policy of the Social Planning and Research Council of Hamilton-Wentworth, Health Canada or the Province of Ontario.

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## EXECUTIVE SUMMARY

### The Hamilton-Wentworth CAPC Project:

A collaborative effort of five community agencies (The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program [STAR] and The Social Planning and Research Council of Hamilton-Wentworth), the CAPC project provides six programs for families "at-risk" who reside in East Hamilton and Stoney Creek.

The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

### The Baby's Best Start Program:

An initiative of St. Joseph's Community Health Centre and the Regional Public Health Department which began in March 1993, the Baby's Best Start Program received enhanced funding from the CAPC Project beginning in May 1994.

The program aims to support economically and socially disadvantaged expectant families, and families with infants up to the age of one year, by offering prenatal and postnatal health education and assistance. Participants meet weekly at drop-ins held in the community. During the course of a drop-in, a nutritious meal is prepared and served through the combined efforts of group leaders (a public health nurse, a dietitian, and a parent facilitator) and the participants. In addition, issues related to infant health and nutrition are discussed, recipes are shared and food vouchers are distributed.

<b>Attendance:</b>	Number Served: 155
<b>Demographics:</b>	Number Who Completed Demographic Information Forms: 69 (45%)
<b>Marital Status:</b>	40% are single parents
<b>Participant Age:</b>	average participant age is 25 years 12% are less than 18 years of age

<b>6 and Under in The Home:</b>	79% have two or more children under 6 years of age living in their home
<b>Language:</b>	7% do not speak English as the first language in their home
<b>Household Income:</b>	65% - 77% live below the Low-Income Cut-Off (LICO) used by Statistics Canada for determining poverty
<b>Education:</b>	24% have not completed high school 31% have completed high school 45% have some post-secondary education
<b>Employment Status:</b>	83% are not working outside the home

### Reasons Why Participants Attend Baby's Best Start

<b>Social Support:</b>	<i>"I have made some new friends and enjoy the company"</i>
<b>Peer Support:</b>	<i>"the support from other mothers"</i>
<b>Information:</b>	<i>"information about babies health"</i>
<b>Break:</b>	<i>"to get out of the house for an afternoon"</i>
<b>Food and Clothing:</b>	<i>"food coupon (need help whenever possible with food)"</i>
<b>Its Fun!:</b>	<i>"because its fun, we all talk and make food, bring our children, they play together."</i>

### How 55% of the Participants Rated Baby's Best Start:

Hats Off	69%
Thumbs Up	25%
So So	5%
Thumbs Down	0%
Blah	0%

### What Participants Find Most Helpful About Baby's Best Start

<b>Support:</b>	<i>"the nurse and dietitian on hand to ask any questions and the support from others in the same situation."</i>
<b>Food:</b>	<i>"healthy snacks and recipes for meals"</i>



**Socializing:** *"being able to get out and chat with other moms"*

**Information:** *"the information they can give me about resources that will help for my child "*

### **What Participants Are Doing Differently As A Result of Baby's Best Start**

**Socializing:** *"socializing more"*

**Improved Nutrition:** *"I'm eating better (due to nutritional information)"*

**Improved Parenting:** *"handling my situation with my son better"*

**Self-Esteem:** *"I'am a more confident person Better self-esteem Eating healthy, trying "*

### **Issues Discussed by Participants During the Drop-In:**

prenatal issues

labour & delivery issues/postnatal issues

program food issues

infant issues

parenting issues

relationship issues

personal issues

financial issues

smoking/drug issues

nutritional issues

### **Vignette From the Qualitative Interviews**

#### **PARTICIPANT A**

Participant A is a single mother with one small child and another on the way. She initially joined Baby's Best Start after a painful break-up with the father of her children. Her first visit to the program was unpleasant because she was really nervous and none of the other mothers talked to her. When asked why she returned to the program, she alluded to feelings of social isolation:

*" when I was sittin' around the table, there were other moms who were saying how they were just broke up with the baby and everything... I had just broken up, and you know, I thought well it was somewhere to go too, 'cause I didn't have -- you know, me and [child] that's it."*

Participant A lives with a limited income. The father of her children does not pay child or spousal support. She receives social assistance and is a food bank consumer. Through Baby's Best Start, the participant and her family receive increased access to food, a benefit which she finds impressive:

*"...when I first heard of it [Baby's Best Start], I thought, no, gotta pay for something, you know. It can't be free, all that. 'Cause when I first started they were giving out like fresh food like fruits and vegetables and meat and cheese and it was like, wow! And now it's down to food vouchers, but man, when I tell people, it's like, HO-LY' [I tell them] no, no, really, it's true!"*

The participant also indicated that she is eating more healthily (e.g. more fruits and vegetables) with this pregnancy compared to her first pregnancy.

Interestingly, despite the participant's obvious need for, and appreciation of, increased access to food, she cited *"the food vouchers"* as being the least important reason for being involved with Baby's Best Start. Her most important reason for being involved is for *"the support"* she receives from the other women in the program.

## **Conclusions**

Based on the data collected from April 01 1994 - March 31 1997, Baby's Best Start is serving its target population of pregnant women and new mothers "at-risk" who reside in East Hamilton and Stoney Creek. While there is no data to date on pregnancy outcomes of program participants, or, on the health of participant's children, there is data to indicate that program participants do receive supplementary nutritious foods and do have both increased access to and increased opportunity to access nutritious foods.

Qualitative data collected for the evaluation indicate that the program is meeting the needs of the target population, not only by providing increased access to nutritious food as is one of the program's objectives, but also by decreasing the social isolation many of the participants experience, and providing an opportunity for participants to learn from each other through peer support. In addition to the nutritional information provided by the program, participants refer to the information they received on both parenting and child development as beneficial.

Participants clearly value the program, of those who completed the evaluation forms 69% gave it the highest rating (Hats Off), and 25% gave it the second highest rating (Thumbs Up) on a pictorial scale.

Many important lessons have been learned by program staff in delivering a program for this target population. Staff have been successful in providing a program which not only provides participants with nutritious food, but also meets their needs for socializing, and learning through peer support.

The complete report is available through the Social Planning and Research Council of Hamilton-Wentworth.

*"...we have a meal each week when we go there...a nutritious meal is cooked to teach you how to make nutritious meals at home economically and that."*

Comment Made by a Baby's Best Start Participant During a Qualitative Interview



## 1.0 INTRODUCTION

This report summarizes evaluation findings for the Baby's Best Start Program for the first three years it received funding from Health Canada (May 01 1994 - March 31 1997)

This report is one in a series of eight evaluation reports written on the Hamilton-Wentworth CAPC Project. These other reports, which include reports on the other CAPC programs and a report on the overall project are available through the Social Planning and Research Council of Hamilton-Wentworth.

Baby's Best Start is one of six programs under the umbrella of the Hamilton-Wentworth CAPC project which works with families "at-risk" to improve the health of their children aged zero (prenatal) to six years. Families "at-risk" include families who are living on limited incomes and/or experience social isolation. The goals of the CAPC project are three-fold: to improve prenatal and infant nutrition, to make parenting easier and to reduce the potential for child abuse and neglect (through community empowerment).

Baby's Best Start was initially a collaborative project of St. Joseph's Community Health Centre and the Regional Public Health Department which began in March 1993. The CAPC Project enhanced funding for the program beginning in May 1994.

The program aims to support economically and socially disadvantaged expectant families, and families with infants up to the age of one year, by offering prenatal and postnatal health education and assistance. Participants meet weekly at drop-ins held in the community. During the course of a drop-in, a nutritious meal is prepared and served through the combined efforts of group leaders (a public health nurse, a dietitian, and a parent facilitator) and the participants. In addition, issues related to infant health and nutrition are discussed, recipes are shared and food vouchers are distributed.



## **2.0 HISTORY OF THE CAPC PROJECT**

The CAPC funding in Hamilton-Wentworth is the successful result of a proposal submitted to Health Canada. The proposal was a collaborative effort of the following five community agencies: The Regional Community Services Department, The Regional Public Health Department, St. Joseph's Community Health Centre, The Skills Through Activity and Recreation Program (STAR) and The Social Planning and Research Council of Hamilton-Wentworth.

Health Canada granted the project 1.5 million dollars for a three-year pilot (April 01 1994 - March 31 1997). This money was used to develop a CAPC infra-structure and fund the seven programs that were outlined in the original proposal. Three of these programs were existing programs (Baby's Best Start, Nobody's Perfect and STAR), which received enhanced funding to deliver more services in the CAPC catchment area. Four of the programs were new initiatives, (Community Access to Child Health [CATCH], the Community Support Worker Program, the Parents Helping Parents Program and the Student Parent Resource Area/Young Parent Program), designed specifically to work with families "at-risk" living in East Hamilton and Stoney Creek. A portion of the money was committed to evaluating the programs and the project.

In addition to the funding from Health Canada, the five partner agencies of the CAPC project have contributed significant amounts of professional time, program resources and office space which are essential to the success of the project.

In March 1997, the Hamilton-Wentworth CAPC Project received confirmation from Health Canada that it was successful in the renewal process, and full funding was secured for an additional three years (April 01 1997 - March 31 2000).

### **2.1 History Of The Baby's Best Start Program**

Baby's Best Start was an initiative of St. Joseph's Community Health Centre and the Regional Public Health Department which began in March 1993. When the CAPC Project commenced in May of 1994, it enhanced funding for the Baby's Best Start program sites which run in the CAPC catchment area.

Evaluation findings presented in this report focus on the Baby's Best Start program sites which are located in the CAPC catchment area. These sites are:

- Eastgate Square Shopping Mall (started in October 1994, last session at Eastgate was March 20 1997, the program moved to Riverdale Outreach Program where the CAPC Office is located)
- Roxborough Park (started in October 1994, closed in December 1995 due to space limitations, moved to a church outside the CAPC catchment area)
- Laurier Recreation Centre (started in February 1996)

Along with changes in location of sites and adding new sites to the program, there were numerous staff changes. During the first three years of CAPC funding (May 01 1994 - March 31 1997), two different Public Health Nurses worked for the program, and five different individuals served in the role of program dietician. Between October 1995 and June 1996, there was not a consistent dietician on staff, thus the program was in a constant state of change.

Another program change which needs to be noted is the introduction of food vouchers in August of 1995. Prior to the food vouchers, fresh food was made available to the participants at the drop-ins. However, problems the participants experienced in transporting the food home (most participants travel by foot or use public transportation), and the unequal sharing of food which occurred led the program staff to introduce food vouchers in August of 1995. These food vouchers are redeemable for meat and dairy products, and/or fresh fruits and vegetables.



### **3.0 AN OVERVIEW OF THE BABY'S BEST START PROGRAM**

The information in this overview comes from evaluation forms completed as part of the National CAPC Evaluation. The headings and descriptions originate from the form and are not chosen by the programs. When filling out the forms, the program staff are required to check off which options in a question best reflect the nature of the program.

#### **Program Components:**

- family/parent focused programs
- prenatal/postnatal program
- increased consumer involvement

#### **Issues the Program Addresses:**

- lack of access to food due to poverty and/or isolation
- prevention of low birth weight babies
- increased consumer participation in program

#### **Benefits to Children Expected to Result from Program Activities:**

- improved physical health
- fewer risks to child at birth such as prenatal complication, low birth weight or prolonged hospitalization
- fewer risks to the child during infancy or later including injury experiences

#### **Benefits to Parent Expected to Result from Program Activities:**

- higher levels of social support including opportunities for socialization
- increased coping resources, including improved sense of well-being, self-esteem & sense of control
- enhanced access to food

#### **Benefits to Neighbourhoods or Communities Expected from Program Activities:**

- a higher level of awareness of resources for parents

#### **Benefits to the Service Delivery Network:**

- higher levels of integration, co-ordination
- increased availability and accessibility of services

### **Baby's Best Start Program Serves:**

- pregnant women & children before birth
- women expecting their first child
- one parent families
- families with few material resources evidenced by low income, over crowded or inadequate housing, shortages of food or clothing
- families referred by the existing service system (i.e. Regional Public Health Department, Regional Community Services)
- families who are new or relatively new to our country
- infants up to 12 months who attend with their mothers

### **Key Objectives of Baby's Best Start:**

- to improve pregnancy outcomes and health of children by providing supplementary nutritious foods and opportunities to improve access to nutritious foods
- to deliver a service, meeting the target population's multiple needs as high risk expectant families and families with children under the age of 1 year
- to include participants in all aspects of the program including planning, delivery and evaluation

### **Major Activities/Content of the Baby's Best Start:**

- Public Health Nurse & Dietician available for one-to-one counselling
- informal weekly drop-in at 2 community sites (food to take home, meal planning and preparation)
- pre and postnatal support and education
- cooking classes, parenting/life skills classes and similar activities aimed at improving skills and increasing social networks
- hiring of parent assistants to help at drop-in and cooking/parenting classes

### **Baby's Best Start Programming Occurs in the CAPC Catchment Area At:**

- Eastgate Square (shopping mall)
- Laurier Recreation Centre (began Feb 1996)
- St. Joseph's Community Health Centre
- Roxborough Park Multi-Service Centre (left in Dec 1995)
- Riverdale Outreach Program (began March 1997)

**Agencies, Organizations, & Groups That Contribute to Delivery of the Program:**

- St. Joseph's Community Health Centre
- Department of Public Health Services
- Laurier Recreation Centre
- St. James Church
- Roxborough Park / St. Matthew's House
- Eastgate Square
- CAPC Office Staff

**Roles available for participants in Delivering the Program:**

- a paid staff role in the program
- a volunteer role for identifying and enlisting participants
- a volunteer role in providing services
- determining direction/content of program through informal & formal channels

**Roles available for participants in Governing the Program:**

- informal opportunities to express their views and opinions about the program
- formal opportunities to express their views and opinions about the program (interviews, surveys, focus groups)
- membership in working groups and on planning committees that make recommendations for running the program to the steering committee; however, they do not have control over decisions made about the program





## **4.0 EVALUATION OF THE BABY'S BEST START PROGRAM**

This report summarizes the evaluation findings for the Baby's Best Start program as part of the CAPC project. The program does operate a site which is outside of the CAPC catchment area (see p 8 for a description of the CAPC catchment area), but, since it is outside the boundaries of the CAPC catchment area, the data for that site are not included in this report

The Hamilton-Wentworth CAPC Project is evaluated at three different levels: the national level, the regional level (which is the province of Ontario) and the local level.

The local evaluation plan was developed to incorporate required components of the national and regional evaluations, in addition to components which the evaluation committee determined were important for the local level.

A brief description of the components of the Baby's Best Start program evaluation follows:

### **4.1 Program Development Form (Appendix One)**

- this form was developed for the National CAPC Evaluation
- this form collects information on the stage of development of the program, the lessons learned in terms of development and management of the program as well as changes made to the program
- this form is completed by program staff every six months

### **4.2 Demographic Information Form (Appendix Two)**

- collects demographic information of program participants and asks them why they come to the CAPC program

### **4.3 Written Participant Evaluation Form (Appendix Three)**

- completed by participants at the end of a closed group session or periodically at open drop-in sessions
- asks participants what was most helpful about the program, what was least helpful about the program, what they are doing differently as a result of the program, if the program has helped them with parenting and if so, how, and how they would rate the program

#### **4.4 Written Service Provider Evaluation Form (Appendix Four)**

- completed by the service provider(s) for the program at the end of each session
- asks the service provider(s) to describe the issues participants talked about, to describe the dynamics of the group and recommendations for future programming

#### **4.5 Attendance Form (Appendix Five)**

- collects information on the number of participants who attend program sessions

#### **4.6 Participant Focus Groups (Appendix Six)**

- participants are brought together in a group to find out how they found out about the program, the opportunities they have to provide input into the program, what changes they would like to see, if (how) the program is helping them and how they have used the information gained from the program to benefit themselves, their child(ren) and their community
- one focus group was done with seven participants from Baby's Best Start

#### **4.7 Qualitative Interviews with Program Participants (Appendix Seven)**

- completed on a small sample of participants to gain an in-depth perspective of the stresses in their lives, how they cope with those stresses and the impact the CAPC program is having on them
- four participants from the Baby's Best Start program were included in the interview sample

#### **4.8 Long Term Follow-Up Quantitative Interviews: Form E (Appendix Eight)**

- this interview was developed for the national evaluation to assess the impact of CAPC on participants over time
- this interview collects information on the participant's physical and mental health, their child's development, family functioning and the neighbourhood the family lives in
- these interviews are completed soon after the participant first joined the program (baseline), 9 months after the baseline and twenty-four months after the baseline
- 15 participants from the Hamilton-Wentworth CAPC project (7 from the Baby's Best Start program) are being interviewed as part of the national evaluation, an additional 32 CAPC participants (13 are Baby's Best Start participants) are being interviewed for the local evaluation
- the 24 month follow-up interviews for the local evaluation will be completed in February 1998, at which point the data will be analyzed and a report written

- when the national data is available from Statistics Canada, the local sample will be statistically combined to produce a larger sample size for Hamilton Wentworth which will allow for comparisons at the provincial and national levels



## 5.0 ATTENDANCE AT THE BABY'S BEST START PROGRAM

There are three sites in the CAPC catchment area where Baby's Best Start offers their drop-ins: Eastgate Square Shopping Mall, Roxborough Park Recreation Area (this site closed and moved to a site outside of the catchment area in December of 1995) and Laurier Recreation Centre, a site which opened in February 1996.

### 5.1 Total Number of Different Participants Served ▶ 155

(this includes attendance forms [see appendix five] from all three CAPC sites: Eastgate, Roxborough & Laurier from Oct 1994 - March 1997)

- 53% (82) of these women have attended three or more sessions of the program. (a session is defined as one group meeting)

**TABLE 5.1: NUMBER OF PARTICIPANTS ATTENDING THE DIFFERENT SITES**

CAPC Baby's Best Start Program Site(s)	Number of Participants (%)
Eastgate	78 (51%)
Roxborough	18 (12%)
Laurier	33 (21%)
Eastgate & Roxborough *	14 (9%)
Eastgate & Laurier *	8 (5%)
Roxborough & Laurier *	2 (1%)
Eastgate & Roxborough & Laurier *	2 (1%)
Total	155 (100%)

\* note that for some time, women were encouraged to attend more than one site, this changed in January 1996 when the program started a registration process which resulted in women being eligible to register for only one site.





## 6.0 THE CAPC CATCHMENT AREA

The CAPC catchment area encompasses East Hamilton and the town of Stoney Creek. This geographic area was chosen because it is an under serviced area of the region where a high concentration of high risk families reside. Needs assessments of both residents and agencies/churches/organizations within the area indicate that large numbers of the population are disadvantaged. Furthermore, residents of this area do not have local access to many of the services, resources and facilities enjoyed by residents of other areas in the Hamilton-Wentworth region. The CAPC catchment area has the following boundaries (see map, appendix .

- West Boundary: Strathearne Avenue & Cochrane Road
- East Boundary: Fifty Road
- North Boundary: Lake Ontario
- South Boundary: the brow of the escarpment

### 6.1 Risk Indicators In The CAPC Catchment Area

At the time of writing the CAPC proposal, the following risk indicators were identified in the catchment area through reviewing Regional Community Services records, conducting focus groups with residents and agency representatives, interviewing priests/ministers of churches, and reviewing census tract data:

- high levels of unemployment
- high levels of poverty and related under nutrition
- poor parenting skills among many isolated, disadvantaged families
- escalated frequency of violence including child abuse
- lack of locally accessible formal and informal resources (health, social, recreational, and cultural)
- high rates of low income families
- high rates of single parent families
- low literacy rates

A recent Risk and Capacity Profile of Hamilton-Wentworth (Henry, 1997) revealed that Hamilton is at a significantly higher risk for poverty and social assistance compared to both the provincial and the country. A brief description of these risks follows:

### **6.1.1 Income Levels**

In terms of income levels, the City of Hamilton and the town of Stoney Creek are the two poorest areas within the region of Hamilton-Wentworth. The City of Hamilton has an average income which is below both the Canadian and Ontario averages. Henry (1997), reports, using 1991 data from Statistics Canada, the following figures

**TABLE 6.1: INCOME LEVELS**

<b>Geographic Area</b>	<b>Poverty Rate (number of families earning &lt; \$20 000)</b>
Canada	16.8%
Ontario	13.1%
City of Hamilton	17.4%
Town of Stoney Creek	8.8%

The academic research literature has consistently shown that poverty correlates with more negative outcomes for children than any other single factor. In his "Risk and Capacity Profile of Hamilton-Wentworth", Henry lists the following outcomes as being associated with child poverty:

- higher infant mortality, low birth-weight babies and chronic health problems
- reduced opportunities for developing a secure attachment to a caregiver in infancy
- a higher risk of being abused
- an increased likelihood that the child will make use of physical aggression in relating to others
- a greater risk for emotional and psychological problems
- a greater risk for suicide
- less opportunity to develop social skills
- poor school performance

### **6.1.2 Social Assistance Rates**

Social assistance rates are often used as an indicator of poverty in a city or region. Henry (1997), reports that in 1995, 14.9% of the population in the Hamilton-Wentworth region (the region includes Hamilton, Stoney Creek, Flamborough, Glanbrook, Ancaster and Dundas) were receiving social assistance. This is higher than the total social assistance

Wentworth were receiving General Welfare Assistance (GWA) and more than 45,000 people were in receipt of the Family Benefits Allowance (FBA)

Subtracting the social assistance rate for the region (14.9%) from the poverty rate for the region (17.4%) reveals that, in 1995, 2.5% of the population in Hamilton-Wentworth would be categorized as "working poor"

### 6.1.3 Additional Risk Indicators:

#### IMMIGRATION

Over 20% of residents in Hamilton-Wentworth identify a language other than English as their mother tongue (Henry, 1997). This is reflective of the presence of both long-term immigrants (e.g. Italian, Polish, Cambodian) and more recent immigrants from war-torn countries (e.g. Croatia, Slovenia, and Serbia). Past experiences of these immigrants combined with barriers such as language, racism, and cultural insensitivity result in a lack of access to traditional health and social services, and a higher risk for negative outcomes.

► The presence of these high risks in the region resulted in a recommendation in the Risk and Capacity Profile **"to increase investment in families with children younger than six who live in neighbourhoods with high rates of poverty and social service use, to prevent the need for further services."** This recommendation is in line with the work which the CAPC project is doing.





## 7.0 DEMOGRAPHICS OF PROGRAM PARTICIPANTS

### 7.1 Limitations of the Demographic Data

Demographic data are collected using the local demographic information form (see appendix two) which was developed by revising the National CAPC Evaluation Form D

It is important to note that the demographic data presented in this report was collected on 45% of the women who have attended the Baby's Best Start Program. It is not known for the remaining 55% of the women how many refused to complete the demographic form, how many were not asked to complete the form (with so many staff changes and site changes, it is likely that some women were not asked to complete the form), or how many were uncomfortable with completing the form due to literacy issues. Therefore, the demographic data presented, while useful, must be interpreted with caution as it represents less than half of the women who have attended the program

Questions about personal income, education levels and work status are often perceived as intrusive by the person being asked the questions and, often by the person who is asking the questions. Thus, a lower response rate on these questions is not surprising.

Another limitation results from the data being based on participant self-report. Self-reported data has the potential to be inaccurate due to lack of knowledge about some questions (i.e. accurate income levels), and/or fear of reporting all the facts (e.g. a person receiving social assistance may be fearful of reporting any additional income).

### 7.2 Demographic Highlights: Baby's Best Start Participants

**TOTAL NUMBER OF DIFFERENT WOMEN SERVED ▶ 155** (from Oct 1994 - March 31 1997)

- 53% (82) of the women attended the program three or more times
- 45% (69) of the women who have attended Baby's Best Start completed a demographic information form
- demographic data collected on partners is presented, but is not included in highlights about participants as only mothers participate in the program

- 100% are female
- 40% are single parents
- average participant age is 25 years
- 12% are teens (18 years of age or less)
- 79% have two or more children under 6 years living in their home
- 7% do not speak English as the first language in their home
- 65% - 77% live below the Low-Income Cut-Off (LICO) used by Statistics Canada for determining poverty (the range is a result of asking for income ranges as opposed to actual incomes)
- 24% have not completed high school
- 31% have completed high school
- 45% have some post-secondary education
- 83% are not working outside the home
- 1% are working part-time
- 54% of these women live in the CAPC catchment area

### **7.3 Interpretation of the Demographic Data**

As mentioned in the section on limitations of the demographic data (p 14), these data need to be interpreted with caution as they are based on 45% of the program participants.

#### **100% are Female**

- this finding is expected as the program serves pregnant women and mothers with infants up to one year old

#### **40% Are Single Parents**

- children in single parent families are at significantly higher risk for: social impairment, school problems, repeating a grade, behaviour problems, emotional disorders, conduct disorder and hyperactivity (Henry, 1997). In addition, these children are at a higher risk for being left unsupervised and, of being raised in poverty

#### **Average Participant Age is 25 Years**

- this finding was surprising, given the target population of the program (pregnant women and women with infants under one year of age) and the high live birth rate to teens aged 15 to 17 in Hamilton-Wentworth

- program staff report difficulty in engaging younger mothers/mothers to be with this type of program and, of the young mothers who did attend the program, some were still living at home and therefore, had some support
- the lack of young participants in the Baby's Best Start program is reflective of the other program in the Hamilton-Wentworth CAPC project and, of other CAPC projects in the province, indicating that this issue extends beyond the program

#### **79% Have Two or More Children Six Years or Younger Living in the Home**

- this finding is expected as Baby's Best Start serves pregnant women and women with infants up to the age of one year

#### **7% Don't Speak English in the Home**

- given the high number of immigrants in the CAPC catchment area, this finding is, at first examination, low. However, many cultures do not participate in group activities and, there is the language barrier to consider as well (programming is entirely English)

#### **65% - 77% Live Below the Low-Income Cut-Off**

- income data (p 19) reveal that none of the participants report household incomes which are more than \$16 000 above the poverty line, which indicates that all of the participants in the program are living on a limited income
- this confirms that the program is servicing pregnant women and mothers of infants up to one year of age who are "at-risk". Poverty has more association with poor outcomes in children than any other single factor (see p 12).

#### **24% Have Not Completed High School, for 31% High School is the Highest Education Level Attained**

- this finding represents a risk indicator for the program participants, as education is directly correlated with employment and income, both of which are necessary in order to provide for, and raise children

#### **83% Do Not Work Outside the Home**

- this finding is reflective of the low education level among participants (see above) and, of the poverty rate experienced by participants (see p 12).

### **54% Live in the CAPC Catchment Area**

- this indicates that a high number of participants are coming from outside the CAPC catchment area, which is partially explained by the fact that one of the program sites is located on one of the boundaries of the catchment area and, service is not refused based on a participant's home address

#### **7.3.1 Baby's Best Start is Serving A Population "At-Risk"**

The demographic data collected reveal that the participants who attend the Baby's Best Start program, as a group, have the following risk indicators

- high rate of single parents
- high poverty rate
- low education attainment
- high rate of unemployment

In addition to the high risk that poverty alone poses for children, research has demonstrated that risk factors multiply in effect as opposed to simply accumulating, which means that as the number of risk factors increase, so does the impact they have (Henry, 1997).

The high rate of poverty amongst program participants, coupled with the presence of other significant risk indicators confirms that the Baby's Best Start program is serving its target population, that is families "at-risk"

### **7.4 Gender**

**TABLE 7.1: GENDER OF BABY'S BEST START PARTICIPANTS (N=69)**

Gender	Number of Participants
Female	69 (100%)
Male	0 (0%)

## 7.5 Family Composition

**TABLE 7.2: FAMILY COMPOSITION OF BABY'S BEST START PARTICIPANTS (N=69)**

Family Composition	Number (%)
single parent family	27 (40%)
two parent family	35 (50%)
several relatives living together	5 (7%)
question not answered	2 (3%)

## 7.6 Age

**TABLE 7.3: AGE BREAKDOWN OF BABY'S BEST START PARTICIPANTS & THEIR PARTNERS**

	Average Age	Range
Participants (n=69)	24.6 years	17 - 43 years
Partners (n=41)	26.9 years	18 - 44 years

## 7.7 Languages Spoken in the Home

**TABLE 7.4: LANGUAGES SPOKEN IN THE HOMES OF BABY'S BEST START PARTICIPANTS (N=69)**

Language(s) Spoken	Number (%)
English	63 (92%)
English & French	2 (3%)
English & Japanese & Urdu	1 (1%)
Polish	1 (1%)
Romanian	1 (1%)
Bosnian	1 (1%)



## 7.8 Gross Household Income for Baby's Best Start Participants & Its Relation to the Statistics Canada Low-

### Income Cut-off (LICO)

The most frequently used measure for determining poverty is the Statistics Canada Low-Income Cut-off (LICO). This has been identified as a consistent way of identifying those who are "substantially worse off than average." A family at or below a LICO is one which spends more than 55% of its income on food, shelter and clothing. The LICO measures relative poverty, that is, how people at the low income end are faring compared to those of "average" income (Campaign 2000). There are 35 LICOs for Canada which vary according to family size and community size. The LICOs used in this report are the 1996 LICOs from Statistics Canada for the city of Hamilton. LICOs for the town of Stoney Creek are slightly lower than those for Hamilton, for example the LICO for a family of four living in Hamilton is \$ 27,651, while the LICO for a family of four living in Stoney Creek is \$ 27,459 (Henry, 1997).

**TABLE 7.5: GROSS HOUSEHOLD INCOME FOR BABY'S BEST START PARTICIPANTS & ITS RELATION TO**  
**THE STATISTICS CANADA LOW-INCOME CUT-OFF (LICO)**

Number in Family	1 (n=3)	2 (n=20)	3 (n=28)	4 (n=13)	5 (n=5)	Total (N=69)
<b>INCOME RANGE</b>						
< \$5 000	1	2	2	2	0	7 (10%)
\$ 5 000 - \$ 9 999	1	6	1	0	0	8 (11%)
\$10 000 - \$14 999	1	4	7	5	2	19 (28%)
\$15 000 - \$19 999	0	5	9	1	1	16 (23%)
\$20 000 - \$29 999	0	0	3	0	1	4 (6%)
\$30 000 - \$39 999	0	0	3	3	0	6 (9%)
Not Answered	0	3	3	2	1	9 (13%)
<b>Stats Can LICO</b>	\$14,694	\$18,367	\$ 22,844	\$ 27,651	\$ 30,695	
<b>Number Below LICO</b>	2 - 3	12 - 17	19 - 21	8	4	45 - 53 (65% - 77%)

## 7.9 Education Levels of Baby's Best Start Participants & Their Partners:

**TABLE 7.6: EDUCATION LEVELS OF  
BABY'S BEST START PARTICIPANTS & THEIR PARTNERS**

	Participants (n=69)	Partners (n=41)
no formal schooling	0	1 (2%)
some elementary	0	0
completed elementary	1 (1%)	0
some secondary	16 (23%)	10 (25%)
completed secondary	21 (31%)	12 (30%)
some community or technical college	16 (23%)	4 (10%)
completed community or technical college	6 (9%)	7 (17%)
some university	6 (9%)	1 (2%)
completed university or teacher's college	2 (3%)	3 (7%)
question not answered	1 (1%)	3 (7%)

## 7.10 Employment Status of Baby's Best Start Participants & their Partners:

**TABLE 7.7: EMPLOYMENT STATUS OF  
BABY'S BEST START PARTICIPANTS & THEIR PARTNERS**

	Participants (n=69)	Partners (n=41)
not working outside of the home	57 (83%)	13 (32%)
working part-time	7 (10%)	7 (17%)
working full-time	1 (1%)	21 (51%)
question not answered	4 (6%)	0

## 7.11 Number of Children 6 Years and Under Living in the Participants Home:

**TABLE 7.8: NUMBER OF CHILDREN 6 YEARS AND UNDER  
LIVING IN THE PARTICIPANTS' HOMES (N=69)**

Number of Children 6 Years or Under Living in the Home	Number of Participants (%)
no children (participant is pregnant)	12 (17%)
one child	40 (58%)
two children	14 (21%)
three children	3 (4%)

**7.12 Catchment Area Statistics for Baby's Best Start Participants:**

**TABLE 7.9: CATCHMENT AREA STATISTICS FOR**

**BABY'S BEST START PARTICIPANTS (N=69)**

Number That Live Inside the CAPC Catchment Area	Number That Live Outside the CAPC Catchment Area	Number that Did Not Provide An Address
36 (52%)	20 (29%)	11 (19%)





## 8.0 PROGRAM PROCESS DATA

### 8.1 Developmental Stages of the Baby's Best Start Program

This information is obtained from the program development form (see appendix one)

**TABLE 9.1: DEVELOPMENTAL STAGES OF THE BABY'S BEST START PROGRAM**

	May 1994	Jan 1995	June 1995	Sept 1995	April 1996	Sept 1996
Planning for the program was complete; operational aspects of the program had been agreed upon; the program was running and individuals were participating - however the program was very much in the experimental stage	✓	✓				
Planning for the program was complete; operational aspects of the program had been agreed upon; the program was running and individuals were participating - however the program was still not running at capacity and/or some issues needed to be resolved about engaging participants program content, etc			✓	✓	✓	✓

## 8.2 Lessons Learned From the Baby's Best Start Program

**TABLE 8.2: LESSONS LEARNED FROM THE BABY'S BEST START PROGRAM**

	June 1995	September 1995	April 1996	September 1996
<b>DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>it takes a lot of time for consumers to feel confident to identify needs and participate in decision making</li> </ul>	<ul style="list-style-type: none"> <li>peer led support group "Moms Time Out" started for graduates of program with children over one year</li> </ul>	<ul style="list-style-type: none"> <li>keep consumers involved</li> <li>ask for consumer input and act on it!</li> </ul>	<ul style="list-style-type: none"> <li>valuing &amp; including Parent Facilitators in planning &amp; program development helps group to take ownership</li> </ul>
<b>GOVERNANCE</b>	<ul style="list-style-type: none"> <li>meeting the needs of both clients &amp; professionals at Steering Committee meetings is challenging - not all professionals are willing to "gear down", speak plain English, etc.</li> </ul>	<ul style="list-style-type: none"> <li>sometimes the needs identified by clients (i.e. cooking classes) are not immediately responded to when offered</li> <li>just need a couple of moms to buy into the idea of the new support group and to encourage more participation from others</li> </ul>	<ul style="list-style-type: none"> <li>use ideas from consumers</li> </ul>	
<b>OTHER</b>	<ul style="list-style-type: none"> <li>empowerment does not always happen on schedule, overcoming 20 odd years of conditioning over one year is not always realistic</li> <li>need to plan for discharge from program</li> </ul>	<ul style="list-style-type: none"> <li>"Moms Time Out" support group to meet twice a month for moms with children over one year</li> </ul>	<ul style="list-style-type: none"> <li>short-term objectives are easier to evaluate than long-term behavioural outcomes</li> <li>keep consumers actively involved</li> </ul>	<ul style="list-style-type: none"> <li>participants engage most in <b>games, practical "hands on" activities and group discussion</b></li> <li>lecture type activities not received well</li> </ul>

### **8.3 Changes Made to the Baby's Best Start Program**

**TABLE 8.3: CHANGES MADE TO THE BABY'S BEST START PROGRAM**

This information is obtained from the program development form (see appendix one) which is filled out by program staff

June 1995	September 1995	April 1996	September 1996
<ul style="list-style-type: none"> <li>● increased client participation</li> </ul>	<ul style="list-style-type: none"> <li>● food vouchers introduced in August instead of food to take home, they have reduced tension about the choices of food available and non-equitable sharing of food</li> <li>● the group asked for more structured activities - Basic Shelf Cooking Course started in August - responding to this direct request quickly led to an increase in client participation</li> </ul>	<ul style="list-style-type: none"> <li>● moved location to accommodate increasing numbers at drop-ins</li> </ul>	<ul style="list-style-type: none"> <li>● increased expectations of Parent Facilitators to encourage participation and welcome participants</li> <li>● weekly program topic focus introduced, based on needs assessment of participants</li> </ul>



## 9.0 DATA FROM THE PROGRAM PARTICIPANTS

### 9.1 Reasons Why Participants Come to Baby's Best Start

For evaluation purposes, participants are asked the reasons they attend Baby's Best Start at different times and in different ways. There is an open-ended question on the demographic information form (appendix two) which asks simply, "Why do you come to this program?" Both the qualitative interviews and focus groups begin by asking participants how they found out about the program and why they attend. The themes below are major themes which consistently emerge from the different data sources (demographic forms, qualitative interviews and focus groups) when Baby's Best Start participants are asked why they come to the program. The italics indicate participants words verbatim.

#### **Social Support/Peer Support**

One theme that emerges from the data is that participants share a strong sense of camaraderie with other participants at Baby's Best Start.

Participants referred to the interaction with other women at the group:

- *"meet with other mothers"*
- *"I have made some new friends and enjoy the company"*
- *"meet and see other moms that are the same as myself"*

Often (but not always) linked to references about the socializing for moms, was the opportunity the group presents for babies and children to socialize:

- *"gives my baby an opportunity to be around other children"*
- *"interactions with others for the baby"*
- *"to see other babies and moms"*

In addition to references made on social support for both the participants and their children, there was a consistent theme of peer support in the data. Peer support is the term used to describe the learning and support which results when people share their experiential knowledge:

- Some of the women referred directly to:  
*"the support from other mothers"*



- while others mentioned how the

*"people are real easy to talk to and if I ever have a question it always gets answered".*

- one teen participant responded with,

*"because I am a pregnant teen and this program offers help and support and there is not a lot of support in society for pregnant teens"*

### Information

Participants referred to different types of information they need when asked why they come to the program, these include:

- Nutritional Information (cooking tips, nutrition tips, meal ideas & recipes)
- Parenting Information (baby tips, a chance to talk to other moms about parenting)
- Child Development Information (to see how babies grow and develop)

### Break

In agreement with comments made by the program staff on staff evaluation forms, many of the women referred to the program as providing them with a break:

- *"time away from home and other relations"*
- *"it gives me a break"*
- *"to get out of the house for an afternoon"*

### Food And Clothing

A few of the women referred to the clothes which they get from the clothing exchange and the weekly food voucher when describing why they come to the program:

- *"food coupon (need help whenever possible with food)"*
- *"food voucher really helps us get through the month during these hard times"*
- *"get food and clothes for my child"*
- *"I need the clothes for my baby (which is hard to buy on my income)"*

### **Its Fun!**

Some of the women referred to the enjoyment they receive from the program:

- *"because its fun, we all talk and make food bring our children, they play together"*
- *"fun, entertainment"*
- *"it is very helpful, relaxing, fun, for the enjoyment"*

## **9.2 Participant Evaluation Form**

This information is obtained from the participant evaluation form (appendix three) which participants are asked to fill out after they have attended three or more sessions.

55% (38) of the women who have attended Baby's Best Start completed the participant evaluation form.

The following information is based on these 38 forms.

- 100% answered "yes" when asked if Baby's Best Start helped them with parenting and healthy eating

## **9.3: How Participants Rated the Program**

**TABLE 9.1: HOW PARTICIPANTS RATED THE PROGRAM**

	HATS OFF	THUMBS UP	SO SO	THUMBS DOWN	BLAH
NUMBER OF PARTICIPANTS	69%	25%	5%	0	0

## **9.4 "What Do You Find Most Helpful?"**

### **Support**

The majority of the women referred to the support they received from the program as being the most helpful aspect of the program. This ties in nicely with the responses to why the women attend the program on the demographic form. In most (but not all) cases, the women referred to both the peer support from other moms and the professional support from the program staff:

- *"support from mothers and workers"*
- *"talking to moms and nurses"*

- *"the nurse and dietician on hand to ask any questions and the support from others in the same situation"*
- *"I found that being able to talk to everybody when I have a question is very helpful"*

### **Food**

Many of the women mentioned the food aspect of the program when answering the question:

- *"get to eat a lot"*
- *"healthy snacks and recipes for meals"*
- *"food vouchers help out a lot"*
- *"cooking different nutritious meals that don't take long"*

### **Socializing**

Similar to responses on why they come to the program, some of the women felt that the social aspect of Baby's Best Start was most helpful:

- *"being able to get out and chat with other moms"*
- *"meeting new kids and moms"*
- *"networking with other mothers and exchanging information and ideas"*

### **Information**

A few of the women referred to information received at the program as being the most helpful:

- *"information about babies health"*
- *"the information they can give me about resources that will help for my child"*

## **9.5 "What is Least Helpful?"**

Most of the responses were "nothing" or blank. Two participants responded with issues; going down stairs with a stroller and not enough group discussions.

## **9.6 What Are You Doing Differently As a Result of the Program?**

### **Socializing**

Again, the opportunity the program presents for moms to socialize came through:

- *"get out of my house every Tuesday, friends to talk to"*
- *"socializing more"*
- *"babies playing with each other, meeting new people"*

### **Improved Nutrition**

Similarly, the women referred to improved nutrition when asked to explain what they are doing differently as a result of attending Baby's Best Start:

- *"eating better"*
- *"they taught me how to cook healthy"*
- *"I'm eating better (due to nutritional information)"*

### **Improved Parenting**

Participants also referred to changes they had made with respect to parenting when answering this question:

- *"handling my situation with my son better"*
- *"being able to handle my temper better"*
- *"giving time outs"*

### **Self-esteem**

Many of the responses to this question dealt with indications that the participants feel better about themselves as a result of the program:

- *"more confident"*
- *"handling stress better"*
- *"I'm a more confident person. Better self-esteem. Eating healthy, trying"*
- *"facilitating another group, learning new things"*





## 10.0 DATA FROM THE PROGRAM STAFF

### 10.1 Participant Issues

These are issues identified by facilitators on the service provider evaluation form (appendix four) which collects data on issues that were discussed formally/informally by participants during the drop-in

#### **Prenatal Issues**

- prenatal weight gain
- prenatal vitamins
- baby position in uterus
- showing
- midwives
- birthing rooms
- early labour
- contractions
- booked c-section versus emergency c-section
- restrictions & admonitions placed on pregnant women

#### **Labour & Delivery Issues/postnatal Issues**

- labour and delivery stories
- stretch marks
- stranger in the delivery room
- depression after birth
- birth control

#### **Program Food Issues**

- not able to buy meat with food vouchers
- very critical about idea of a food box, felt shopping for specials and preferred foods was more desirable
- not enough food

- embarrassed about asking for food
- how much food can a participant take? (prior to implementation of food vouchers)
- if participant attends more than one location do they get more than one voucher?

### **Infant Issues**

- baby juices
- breastfeeding in public
- teething
- breastfeeding versus bottle feeding
- immunization
- infant wake/sleep patterns
- baby should not sleep with mom/mom and dad
- living alone with baby
- introducing cereal
- baby hernias
- colic
- diaper rash and cream treatments
- gas, fussiness
- cloth diapers versus disposable diapers

### **Parenting Issues**

- time-outs/child discipline
- CAS involvement
- weight gain in children
- cooking meals with children around
- child care
- sibling rivalry
- children's programs (i.e. swimming and library)
- control in parenting
- first visit to dentist

### **Relationship Issues**

- deadbeat dads
- past abuse
- husband not getting a job
- separation/divorce
- fear of finding a good man who will accept baby too

### **Personal Issues**

- varicose veins
- weight gain
- self-esteem
- mental well-being
- body image and unrealistic images of what body should look like
- physicians don't listen, not as supportive as program staff
- periods
- choices of doctors
- need to get out and go somewhere
- sense of isolation and anxiety experienced by an immigrant mom who attends group - group discussed how to turn losses of immigration into gains

### **Financial Issues**

- mothers allowance
- welfare cuts
- money tight/budget concerns
- difficulty in finding good, affordable housing
- discount places
- bus tickets
- impracticalities of working part-time because of child care and transportation costs

### **Smoking/drug Issues**

- drugs and pregnancy
- partner drinking
- smoking
- rehab programs

### **Nutritional Issues**

- how much food to make
- how to cook turnip
- amounts of caffeine in different food and beverages

## **10.2 Session Description**

When asked to describe the session in a few keywords, program staff described sessions as ranging from loud and busy, to small and low-key. Some words which were frequently used by the program staff to describe the drop-ins are listed below:

- kids wild and moms tired; low-key
- low-energy; boring, tense at times with kids fighting
- loud, busy, "nuthouse"
- funky, wild, chaotic
- hectic, talkative
- chatty, welcoming
- busy, noisy, positive
- informative, talkative
- talkative, small and intimate
- silly, hyper, blowing off steam
- relaxed, informal
- quiet, interactive, laid back

### **10.3 Group Dynamics**

When asked to describe group dynamics, program staff responded with a variety of different types of group dynamics, reflective of different participants in attendance and different sizes of the group:

- group talking to each other
- mostly small group discussions
- active group dynamics
- not everyone talked, more small group interaction
- talked in pairs or small groups
- chatty to each other
- large group discussion
- new addition to group made to feel comfortable and included in discussions
- lots of discussion, very comfortable sharing feelings and past experiences - answered each others questions
- more individual rather than group discussions
- group supportive of each other

### **10.4 Participation**

One of the objectives of Baby's Best Start is to involve participants in all aspects of program planning and delivery. The following list, responses program staff used to describe participation at the drop-in sessions, provides a snapshot view of how this objective is being met:

- some helped clean-up
- all cleaned up
- many helped prepare food
- watching children
- many left early
- not much; some helped prepare
- cut-up veggies, clothing distribution



### **10.5 What Worked Well**

Program staff were asked to describe what worked well at sessions. below is a condensed list of things that they found worked well at the drop-in:

- clothes out and visible
- having kids do chores (i.e. cleanup)
- co-operative effort required for food preparation
- new participant was warmly welcomed
- members learned about different fruits
- smaller group felt more comfortable, free to talk, no shortage of food like there was last week
- having client lead the cooking
- soup was well received
- stir fry
- bringing food out and asking participants to help
- having a volunteer with the kids
- clothing auction
- passing food around for participants to help themselves
- announcements
- curry worked well - everyone surprised they liked it
- cooking out of kitchen in electric frying pan

### **10.6 What Did Not Work Well**

Program staff were also asked to describe what did not work well at session, below is a condensed list of things that they found did not work well at the drop-in:

- some educational material too high literacy levels
- talking to the entire group
- videos on baby-care
- food box suggestion
- having to heat water to wash dishes (an ongoing issue at Eastgate)
- not enough drinks
- reference to Fathers Day materials
- safety concerns at centre (number of stairs, open door and children and stairs at Eastgate)

- not enough food; not the food people were expecting (had muffins)
- toy throwing by the kids
- too many cooks in the kitchen
- Parent Assistant asked if people were taking food and tried dividing it up
- asking if there were any questions for the nurse or dietitian

### **10.7 Recommendations Made by Program Staff**

- keep doors closed so toddlers don't run outside
- some need info about access to medical care
- maybe have a topic to initiate discussion
- need to work on literacy materials and be aware of literacy level of the group
- change activity area to that we can cook "where the action is"
- introduce or have participants introduce themselves
- ask for help - maybe they need to know they can help
- need to set boundaries about what not to address, i.e., size, colour, joking and sensitivity
- need to advocate for better doctors - single moms letter to Medical Advisory
- no more telephone calls at the group unless it's an emergency
- buy large gym mat for the floor
- if the group is to attract more teens, perhaps a flyer could mention that they can bring a friend
- add allergies to intake sheet
- Parent Assistant roles, duties, and responsibilities should be established and/or reviewed, and enforcement guidelines agreed upon

### **10.8 Recommendations Made by Participants**

- keep ice water in the fridge
- bring more milk
- need something to keep older kids occupied
- someone to come to talk about speech development
- have greeter at door
- garden some herbs and use for cooking
- trip to store for maternity clothes
- more participant cooking

- music
- juice containers
- not to give latecomers or drop-in (for 5 minutes) vouchers - not fair to the rest of the group
- consider keeping baby strollers at the bottom of the stairs (Eastgate)

## 11.0 VIGNETTES FROM THE QUALITATIVE INTERVIEWS

### 11.1 Participant A

Participant A is a single mother with one small child and another on the way. She initially joined Baby's Best Start after a painful break-up with the father of her children. Her first visit to the program was unpleasant because she was really nervous and none of the other mothers talked to her. When asked why she returned to the program, she alluded to feelings of social isolation:

*"...when I was sittin' around the table, there were other moms who were saying how they were just broke up with the baby and everything....I had just broken up, and you know, I thought well...it was somewhere to go too, 'cause I didn't have -- you know, me and [child] that's it."*

Participant A lives with a limited income. The father of her children does not pay child or spousal support. She receives social assistance and is a food bank consumer. Through Baby's Best Start, the participant and her family receive increased access to food, a benefit which she finds impressive:

*"...when I first heard of it [Baby's Best Start], I thought, no, gotta pay for something, you know. It can't be free, all that. 'Cause when I first started they were giving out like fresh food like fruits and vegetables and meat and cheese and it was like, wow! And now it's down to food vouchers, but man, when I tell people, it's like, HO-LY! [I tell them] no, no, really, it's true!"*

The participant also indicated that she is eating more healthily (e.g. more fruits and vegetables) with this pregnancy compared to her first pregnancy.

Interestingly, despite the participant's obvious need for, and appreciation of, increased access to food, she cited *"the food vouchers"* as being the least important reason for being involved with Baby's Best Start. Her most important reason for being involved is for *"the support"* she receives from the other women in the program.

## **11.2 Participant B**

Participant B is a married woman with two children from her first marriage and a recent child from her second marriage. She accompanied a friend to Baby's Best Start but it took her three or four weeks before she felt comfortable enough to attend the program on her own. She continued to attend because she, *"wanted to make some friends so that I would have someone to talk to regarding babies."* This ties into her most important reason for being involved with the program, which is *"to be involved in something outside of the home."*

This participant seems to particularly acknowledge the program's efforts to teach participants to cook nutritionally and economically for their own families: *"...like we have a meal each week when we go there...a nutritious meal is cooked to teach you how to make nutritious meals at home economically and that."*

Participant B finds that active involvement at Baby's Best Start enhances her feelings of self-worth:

*"...I feel good that I can go there and do something, and I feel like I'm helping somebody. Like today, I went and I cooked a meal, and you know, cleaned up and everything. And I feel like I'm contributing to something."*

## **12.0 PARTICIPANT COMMENTS ABOUT PROGRAM STAFF**

In addition to receiving support and friendship from other program participants, Baby's Best Start participants receive support and enjoy the company of the staff. This is illustrated in the following quotes which were provided in response to being asked to describe the staff:

*"...they're laid back, like you could say anything to them and they're not like...those snobs, you know, who just stick their noses way up too high. And they're not afraid to get dirty with the kids...it's okay if they get a bit of spilled juice on their pants or something."*

*"...they're experienced for what they're doing...it's good to know that they have a dietitian and a health nurse and...the social worker there...They're also very friendly too. They make you feel comfortable."*



## 13.0 BABY'S BEST START PROGRAM

### OBJECTIVES, INDICATORS AND OUTCOMES

#### Objective

To improve pregnancy outcomes and health of children by providing supplementary nutritious foods and opportunities to improve access to nutritious foods.

**TABLE 13.1**

Indicators	Outcomes
<ul style="list-style-type: none"> <li>● pregnancy outcomes for program participants</li> </ul>	<ul style="list-style-type: none"> <li>● not measured in the time frame of this report</li> <li>● program is now measuring social and physical aspects of pregnancy outcomes</li> </ul>
<ul style="list-style-type: none"> <li>● health of participant's children</li> </ul>	<ul style="list-style-type: none"> <li>● waiting on results of the standardized longitudinal Form E Interviews which measure physical, mental and social aspects of health of participants' children. Data will be available spring 1998.</li> </ul>
<ul style="list-style-type: none"> <li>● provision of supplementary nutritious foods</li> </ul>	<ul style="list-style-type: none"> <li>● number of participants who attend the program (N=155) and receive both a nutritious meal at the drop-in and food/food vouchers to take home</li> </ul>
<ul style="list-style-type: none"> <li>● provision of opportunities to improve access to nutritious foods</li> </ul>	<ul style="list-style-type: none"> <li>● number of participants who attend the program (N=155) and receive information on how to cook nutritiously and economically for their families</li> </ul>

### Objective

To deliver a service, meeting the target population's multiple needs as high risk expectant families and families who have children under the age of 1 year

**TABLE 13.2**

Indicators	Outcomes
<ul style="list-style-type: none"> <li>demographics of participants - is the program serving the target population?</li> </ul>	<ul style="list-style-type: none"> <li>demographic data indicate that Baby's Best Start is serving families "at-risk" in East Hamilton/Stoney Creek (see p14-22)</li> </ul>
<ul style="list-style-type: none"> <li>the participants report that their needs are being met</li> </ul>	<ul style="list-style-type: none"> <li>while not asked directly, participants report why they attend the program (p 26), what they find most helpful about the program (p 28) and what they are doing differently as a result of the program (p 29)</li> </ul>

### Objective

To include participants in all aspects of the program including planning, delivery and evaluation.

**TABLE 13.3**

Indicators	Outcomes
<ul style="list-style-type: none"> <li>number of participants involved in the program and their type of involvement</li> </ul>	<ul style="list-style-type: none"> <li>staff comments on participation in planning and delivering the program (p 37)</li> <li>participants participating in the evaluation by completing demographic forms, evaluation forms, attending focus groups and being interviewed</li> </ul>



## **14.0 RECOMMENDATIONS FOR FUTURE PROGRAMMING AND EVALUATION**

- focus program recruitment on areas within the CAPC catchment area
- ensure that more program participants complete both the demographic information form and the evaluation form
- collect data on pregnancy outcomes of program participants
- determine the number of teen pregnancies within the CAPC catchment area in order to make an informed decision on whether there are teen mothers to recruit to the program
- ensure consistent staffing for the program
- ensure that data on child health outcomes from the Form E interviews (appendix eight), when available, are considered when program changes are proposed



## 15.0 CONCLUSIONS

Based on the data collected from April 01 1994 - March 31 1997, Baby's Best Start is serving its target population of pregnant women "at-risk" and new mothers "at-risk" who reside in East Hamilton and Stoney Creek. While there is no data available to date on the pregnancy outcomes of program participants or, on the health of participants' children, there is data to indicate that program participants **do** receive supplementary nutritious foods and do have both increased access to and increased opportunity to access nutritious foods.

Qualitative data collected for the evaluation indicate that the program is meeting the needs of the target population, not only by providing increased access to nutritious food as is one of the program's objectives, but also by decreasing the social isolation many of the participants experience, and providing an opportunity for participants to learn from each other through peer support. In addition to the nutritional information provided by the program, participants refer to the information they receive on both parenting and child development as beneficial.

Participants clearly value the program, of those who completed evaluation forms 69% gave it the highest rating (Hats Off) and 25% gave it the second highest rating (Thumbs Up).

Many important lessons have been learned by program staff in delivering a program for this target population. Staff have been successful in providing a program which not only provides participants with nutritious food, but also meets their needs for socializing, and learning through peer support.





## 16.0 REFERENCES

Campaign 2000 Report Card 1997: Child Poverty in Canada

Henry, Terrance (1997). Risk & Capacity Profile: Hamilton-Wentworth. A report prepared for the Hamilton Area Office of the Ministry of Community and Social Services.



**APPENDIX ONE  
PROGRAM DEVELOPMENT FORM**



# Community Action Program for Children

Health Canada – protected when  
completed  
Aussi disponible en français

## National Evaluation

## Appendix One: Program Development Form

### Form "C"

### Activity Report at 6 Month Intervals

Cycle 5



Instructions for filling out this form can be found on the  
overleaf

In Form "C", PROJECT refers to the total intervention  
effort of your funded proposal. PROGRAM refers to  
those activities being undertaken to achieve particular  
objectives (e.g. improve parenting skills) with a  
particular group (e.g. primary caregivers). Some  
PROJECTS will have one PROGRAM. Other  
PROJECTS will have more than one PROGRAM.

The distinctive features of a PROGRAM are

- ❖ objectives – what it is supposed to accomplish
- ❖ target population – whom the program is supposed  
to serve

One PROGRAM is different from another PROGRAM  
when one or more of these features is different  
between PROGRAMS.

THIS PROJECT IS IN THE FORM "E" SAMPLE

Project Number 4927-06-93/0029 Language E

Project Name Community Action Program for Children  
(CAPC): Hamilton-We

Province ONTARIO

FED Number 0529 FED Name Hamilton East

Reporting Period: April 1, 1997 to September 30, 1997

#### For the Regional Program Consultant:

Check here and sign below after check list points on the overleaf have been verified ☐

This form was verified by:

Name

Date  day  month  year

Signature

Regional Program Consultant to verify:

Form ☐ of ☐ for this project.

Check here if the project is no longer operating. ☐

### Begin Here

Name of person completing Form "C":

Given Name

Family Name

Title of person completing Form "C"

Telephone number:

-  -   
Area code

Fax number: (if applicable)

-  -   
Area code

### How to complete this form

To answer the questions:

Mark a circle



Print in a box

3

OR Print on a line

CAPC





Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:  

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C1.** The PROGRAM is no longer in operation because ...

Mark ALL that apply

- 1 ☐ program completed (objectives met)
- 2 ☐ federal funding reductions
- 3 ☐ provincial/territorial funding reductions
- 4 ☐ other funding reductions Go to next program
- 5 ☐ program moved to another sponsor
- 6 ☐ change in community needs
- 7 ☐ other (specify) \_\_\_\_\_

**C2.** Which of the following best describes the stage of development of this PROGRAM at the present time?

Mark ONE circle only

- 1 ☐ This PROGRAM is still at the conceptualization and planning stage - the objectives, target population and major activities have not yet been specified
- 2 ☐ Basic planning for this PROGRAM is complete - the objectives, target population and major activities have been specified; however, the operational aspects of the PROGRAM - who will do what, where, when, how - have not been specified.
- 3 ☐ Planning for the PROGRAM is complete and the operational aspects of the PROGRAM have been agreed upon; however, activities have not yet begun
- 4 ☐ Planning for the PROGRAM is complete; the operational aspects of the PROGRAM have been agreed upon; the PROGRAM is actually running - individuals are participating; however, the PROGRAM is very much in the experimental stage
- 5 ☐ The planning and operational aspects of the PROGRAM have been worked out; the PROGRAM is running and individuals are participating; however, the PROGRAM is not running at capacity and/or some issues need to be resolved about engaging participants, program content, etc.
- 6 ☐ The planning and operational aspects of the PROGRAM have been worked out; the PROGRAM is running at or near capacity and major issues such as engaging participants, PROGRAM content, etc. have been resolved.

**C3.** Is this PROGRAM presently fully operational and running as planned?

- 7 ☐ Yes → Go to C5.
- 8 ☐ No

**C4.** When do you expect this PROGRAM to be fully operational and running as planned?

Mark ONE circle only

- 1 ☐ within 3 months of initial funding
- 2 ☐ within 3 to 6 months after initial funding is received
- 3 ☐ within 7 to 11 months after initial funding is received
- 4 ☐ 1 to 2 years after initial funding is received
- 5 ☐ more than 2 years after initial funding is received

Program Name \_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C5.** Which one of the following major categories would describe the main focus of this PROGRAM?

Mark **ONE** circle only

- 1 ☐ child-focused PROGRAM (e.g. additional resources for existing child care services, toy lending libraries, opportunities for stimulation, socialization, skill development)
- 2 ☐ parent-focused PROGRAM (e.g. training and support groups for parents only, pre and post-natal programs)
- 3 ☐ family-focused PROGRAM (program in which both parent and child participate)
- 4 ☐ community development-focused PROGRAM (e.g. improving quality of life in the community by increasing community resources, improving safety, increasing neighbourhood cohesion)
- 5 ☐ service network-focused PROGRAM (e.g. to improve the integration/co-ordination of services, increase the availability, accessibility or quality of services)

**C6.** Does the PROGRAM follow a packaged outline?

(e.g. a manual, video, or other documentation such as "Nobody's Perfect")

1 ☐ yes → name of outline \_\_\_\_\_

2 ☐ no

**C7.** From how many different sites (e.g. buildings, regular stops of mobile unit) is this PROGRAM delivered?

- 3 ☐ one
- 4 ☐ two
- 5 ☐ three
- 6 ☐ four or more

In the following questions, indicate all benefits expected, even if they are not the primary focus of the program (e.g. a child-focused program may also have benefits for the parents or community)

**C8.i** What are the benefits expected from this PROGRAM, for the CHILDREN affected?

Please check **ALL** that apply.

- 1 ☐ children are not directly affected by this PROGRAM
- 2 ☐ improved physical health
- 3 ☐ improved cognitive function, including language development and school readiness
- 4 ☐ improved social-emotional health including better interpersonal functioning, higher self-esteem and happiness
- 5 ☐ fewer risks to the child at birth such as prenatal complications, low birth weight or prolonged hospitalization
- 6 ☐ fewer risks to the child during infancy or later including injuries
- 7 ☐ other (specify) \_\_\_\_\_

For office use only.

<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p>Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <hr/> <p>Program Number: <span style="border: 1px solid black; padding: 2px 10px;">  </span> </p> <p>What is this program's status?</p> <p>1 <input type="radio"/> Program has been active and operating for most or all of the past six months → Go to C2.</p> <p>2 <input type="radio"/> Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal on hiatus until next session starts offered on demand) → Go to C2</p> <p>3 <input type="radio"/> Program is no longer in operation and is not expected to operate again → End date of program <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span></p> <p style="text-align: center;">Go to C1</p>
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<p><b>C8.ii</b> What are the benefits expected from this PROGRAM, for the <u>PARENTS</u> affected?</p> <p>Please check ALL that apply.</p>	<p>01 <input type="radio"/> parents are not directly affected by this PROGRAM</p> <p>02 <input type="radio"/> improved caretaking skills</p> <p>03 <input type="radio"/> higher levels of social support including opportunities for socialization</p> <p>04 <input type="radio"/> increased coping resources, including improved sense of well-being, self-esteem and sense of control</p> <p>05 <input type="radio"/> higher standard of living (e.g. increased income, improved housing, employment)</p> <p>06 <input type="radio"/> improved family functioning</p> <p>07 <input type="radio"/> other (specify) _____</p> <p><span style="border: 1px solid black; padding: 2px 10px;">  </span> For office use only.</p>
<p><b>C8.iii</b> What are the benefits expected from this PROGRAM, for the <u>NEIGHBOURHOODS OR COMMUNITIES</u> affected?</p> <p>Please check ALL that apply.</p>	<p>01 <input type="radio"/> neighbourhoods or communities are not directly affected by this PROGRAM</p> <p>02 <input type="radio"/> higher levels of neighbourhood/community spirit</p> <p>03 <input type="radio"/> improved safety or security</p> <p>04 <input type="radio"/> more resources such as parks, playgrounds, recreational facilities etc</p> <p>05 <input type="radio"/> other (specify) _____</p> <p><span style="border: 1px solid black; padding: 2px 10px;">  </span> For office use only.</p>
<p><b>C8.iv</b> What are the benefits expected from this PROGRAM, for the <u>SERVICE DELIVERY NETWORK</u> affected?</p> <p>Please check ALL that apply.</p> <p>Examples of "service delivery network":</p> <ul style="list-style-type: none"> <li>- child protection agency</li> <li>- tenants' association</li> </ul>	<p>01 <input type="radio"/> the service delivery network is not directly affected by this PROGRAM</p> <p>02 <input type="radio"/> higher levels of integration, co-ordination</p> <p>03 <input type="radio"/> increased availability and accessibility of services</p> <p>04 <input type="radio"/> improved quality of service</p> <p>05 <input type="radio"/> other (specify) _____</p> <p><span style="border: 1px solid black; padding: 2px 10px;">  </span> For office use only.</p>
<p><b>C9.</b> What ages are the children served by this PROGRAM?</p> <p>Please check ALL that apply.</p>	<p>01 <input type="radio"/> children are not served directly by this PROGRAM</p> <p>02 <input type="radio"/> before birth</p> <p>03 <input type="radio"/> birth to 11 months</p> <p>04 <input type="radio"/> 1 to 3 years</p> <p>05 <input type="radio"/> 4 to 5 years</p> <p>06 <input type="radio"/> 6 years and over</p>

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project"

Program Name \_\_\_\_\_

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal, on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C10.** Whom does this PROGRAM target (i.e., priority population)?

Please check ALL that apply.

Women:

- 21 ☐ women expecting their first child
- 22 ☐ pregnant women

Parents:

- 23 ☐ parents who need training in child care, management or supervision
- 24 ☐ parents with children 6 years and under

Families:

- 25 ☐ single parent families
- 26 ☐ families living in poverty
- 27 ☐ families referred by the existing service system as needing special help or support
- 28 ☐ families who are new or relatively new to Canada
- 29 ☐ off-reserve Aboriginal, Métis or Inuit families
- 30 ☐ families who are highly mobile or transient (e.g. farm labourers, etc.)

Children:

- 31 ☐ children who need supplemental care (e.g. day care, respite care)
- 32 ☐ children who need extra opportunities for learning, socialization or skill development
- 33 ☐ other (specify) \_\_\_\_\_

For office use only.

**C11.** What are the major activities of this PROGRAM?

Please check ALL that apply.

- 1 ☐ one-on-one sessions
  - 2 ☐ discussion groups
  - 3 ☐ formal classes
  - 4 ☐ drop-in activities
  - 5 ☐ home visits → Go to C12.
  - 6 ☐ mobile units
  - 7 ☐ other (specify) \_\_\_\_\_
- Go to C13

<p>Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)</p> <p><b>Note:</b> The program names and numbers must be the same as reported on the "List of Programs in your Project".</p>	<p>Program Name: _____</p> <hr/> <p>Program Number: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> </p> <p>What is this program's status?</p> <p>1 <input type="radio"/> Program has been active and operating for most or all of the past six months → Go to C2.</p> <p>2 <input type="radio"/> Program was not operating for most or all of the past six months but has not been canceled (e.g. seasonal or hiatus until next session starts offered on demand) → Go to C2.</p> <p>3 <input type="radio"/> Program is no longer in operation and is not expected to operate again → End date of program <span style="display: inline-block; width: 100px; border-bottom: 1px solid black; vertical-align: middle;"></span> day month year Go to C1</p>
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<p><b>C12.</b> Who visits the family home?</p> <p><i>Please check ALL that apply</i></p>	<p>1 <input type="radio"/> professional staff (professional nurse, social worker, physician, dietitian, nutritionist, occupational or physical therapist, lactation consultant, midwife)</p> <p>2 <input type="radio"/> para-professional staff (parent-aide, shelter worker, social services worker, project manager)</p> <p>3 <input type="radio"/> trained volunteers (La Leche League mums, friendly visitors)</p> <p>4 <input type="radio"/> untrained volunteers</p> <p>5 <input type="radio"/> other (specify) _____</p>
<p><b>C13.</b> Over the last month, approximately how many different CHILDREN participated each week?</p> <p><i>Example of "different children":</i></p> <p>— if child participates in PROGRAM twice in one week, count child only once.</p>	<p>999 <input type="radio"/> PROGRAM is not for children</p> <p>or</p> <p><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> children <span style="float: right;">(If none are participating yet, enter "000")</span></p>
<p><b>C14.</b> Over the last month, approximately how many different PARENTS OR CAREGIVERS participated each week?</p> <p><i>Example of "different parents or caregivers":</i></p> <p>— if parent or caregiver participates in PROGRAM twice in one week, count parent or caregiver only once.</p>	<p>998 <input type="radio"/> PROGRAM is not for parents or caregivers</p> <p>or</p> <p><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> parents or caregivers <span style="float: right;">(If none are participating yet, enter "000")</span></p>
<p><b>C15.</b> How many hours in total is the PROGRAM offering services each week?</p>	<p>999 <input type="radio"/> not applicable given PROGRAM structure</p> <p>or</p> <p><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> hours per week <span style="float: right;">(If program is not offering services yet, enter "000")</span></p>
<p><b>C16.</b> Over the last month, how many different sessions could a participant attend each week?</p>	<p>98 <input type="radio"/> not applicable given PROGRAM structure</p> <p>or</p> <p>99 <input type="radio"/> less than one session per week (e.g. one session per month)</p> <p>or</p> <p><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> sessions per week <span style="float: right;">(If program is not operating yet, enter "00")</span></p>



Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name \_\_\_\_\_

Program Number:  

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months but has not been cancelled (e.g. seasonal on hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program 

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Go to C1

**C17.** Over the last month, for how many hours would each participant be involved each week on average?  
(Round partial hours to the nearest full hours)

36 ☐ not applicable given PROGRAM structure

or

37 ☐ less than one hour per week

or

hours per week (If program is not operating yet, enter "00")

**C18.** In the last 6 months, in how many weeks did the PROGRAM operate?

(Note: 26 weeks = 6 months)

weeks (If program is not operating yet, enter "00")

**C19.** Describe the setting or location where this PROGRAM takes place.

Please check ALL that apply.

- 01 ☐ space belonging to community agency or service provider (e.g. Children's Aid, children's mental health centre, YM/YWCA)
- 02 ☐ space belonging to government agency or department
- 03 ☐ space belonging to local service club (e.g. Lions, Rotary)
- 04 ☐ space belonging to local religious group (e.g. church, mosque, synagogue)
- 05 ☐ advocacy group (e.g. women's group, tenants' or neighbourhood / community association, welfare rights group)
- 06 ☐ space belonging to provincial/territorial organization or association
- 07 ☐ space belonging to national organization or association
- 08 ☐ in homes of participants, staff, or volunteers
- 09 ☐ in a mobile unit at various locations
- 10 ☐ other (specify) \_\_\_\_\_

**C20.** What is the current role of potential consumers or participants in DELIVERING the PROGRAM?

Please check ALL that apply.

(Note: If program is not yet operational, please indicate the planned role.)

- 1 ☐ a volunteer role for identifying and enlisting participants
- 2 ☐ a volunteer role in providing services
- 3 ☐ a paid staff role
- 4 ☐ no role in delivering the PROGRAM
- 5 ☐ other (specify) \_\_\_\_\_



Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name: \_\_\_\_\_

Program Number:  

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or hiatus until next session starts, offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of program  day  month  year  
Go to C1

**C21.** What is the current role of potential consumers or participants in the MANAGEMENT of this PROGRAM?

Please check ALL that apply.

(Note: If program is not yet operational, please indicate the planned role.)

- 1 ☐ no role in the management of the program
- 2 ☐ they have informal opportunities to express their views or opinions about the PROGRAM
- 3 ☐ they have formal opportunities to express their views or opinions about the PROGRAM (e.g. through interviews, surveys, focus groups)
- 4 ☐ they sit on working groups, planning committees or advisory committees that make recommendations about the PROGRAM to a management committee; however, they will not have control over decisions made about the PROGRAM
- 5 ☐ they sit on a management or governing committee and vote or directly influence decisions about the PROGRAM
- 6 ☐ they govern program development and implementation and make all key decisions about the PROGRAM
- 7 ☐ other (specify) \_\_\_\_\_

**C22.** List the names of the agencies, organizations or groups actively involved in either the delivery or the management of this PROGRAM.

Please check and list ALL that apply.

- 1 ☐ community agency and service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)  
\_\_\_\_\_
- 2 ☐ government agency or department (excluding CAPC)  
\_\_\_\_\_
- 3 ☐ local service club (e.g. Lions, Rotary)  
\_\_\_\_\_
- 4 ☐ local religious group (e.g. church, mosque, synagogue)  
\_\_\_\_\_
- 5 ☐ advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights or poverty group)  
\_\_\_\_\_
- 6 ☐ individual residents from the neighbourhood  
\_\_\_\_\_
- 7 ☐ provincial/territorial organization or association  
\_\_\_\_\_
- 8 ☐ national organization or association  
\_\_\_\_\_
- 9 ☐ other (specify) \_\_\_\_\_  
\_\_\_\_\_

Enter the name of each PROGRAM operating under this PROJECT, then answer the questions for each of the programs. (Use additional forms if there are more than three programs in the project.)

Note: The program names and numbers must be the same as reported on the "List of Programs in your Project".

Program Name \_\_\_\_\_

Program Number:

What is this program's status?

- 1 ☐ Program has been active and operating for most or all of the past six months → Go to C2.
- 2 ☐ Program was not operating for most or all of the past six months, but has not been cancelled (e.g. seasonal or status until next session starts offered on demand) → Go to C2.
- 3 ☐ Program is no longer in operation and is not expected to operate again → End date of \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_  
program \_\_\_\_\_  
Go to C1

**C23.**

What is learned from a PROGRAM may be more important than what was done. List below the new ideas or lessons learned during the last 6 months that will influence some aspect of this PROGRAM. (e.g. If we had to do it over again, what would we change? OR If a group setting up a similar program asked for advice, what would we tell them?)

1 ☐ Ideas/lessons on Development

---

---

---

2 ☐ Ideas/lessons on Objectives

---

---

---

3 ☐ Ideas/lessons on Management:

---

---

---

4 ☐ Ideas/lessons on Activities

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---

---

5 ☐ Ideas/lessons on Other aspects:

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---

---

**C24.**

Lessons learned can provide opportunities for making PROGRAM changes that will increase a PROGRAM'S chance for success. List the changes you have made to the PROGRAM in the last 6 months based on your experiences.

1 ☐ Changes in Objectives

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---

---

2 ☐ Changes in Management:

---

---

---

3 ☐ Changes in Activities:

---

---

---

4 ☐ Changes in Other aspects:

---

---

---

**C25.**

Have the objectives of this PROGRAM changed from the original funded objectives?

5 ☐ Yes → If yes, describe the changes:

---

---

---

6 ☐ No



**APPENDIX TWO**  
**DEMOGRAPHIC INFORMATION FORM**



## Appendix Two: Demographic Information Form

### The Community Action Program For Children (CAPC) of Hamilton-Wentworth

Dear Parent:

Welcome to one of our Community Action Program for Children (CAPC) programs. We need to ask you a few questions about your family so that we can let the people who pay for the programs know who CAPC is serving. Your say will help them decide if CAPC programs will get more funding after June 1997. Your comments are very important to us!

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Program name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please circle the phrase that best describes your family:

- 1 single parent family
- 2 two parent family
- 3 several relatives living together

Parent 1 (Female): date of birth

\_\_\_\_\_  
month      day      year

Parent 2 (Male): date of birth:

\_\_\_\_\_  
month      day      year

Name(s) of child(ren)  
(first, last)

Date of Birth

_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____
_____	Male	Female	_____



Please circle the language(s) spoken most often at home:

- 1     English
- 2     French
- 3     Other (please name): \_\_\_\_\_

Please circle your average yearly household income (before taxes):

- 1     less than \$5 000
- 2     \$5 000 TO \$9 999
- 3     \$10 000 TO \$14 999
- 4     \$15 000 TO \$19 999
- 5     \$20 000 TO \$29 999
- 6     \$30 000 TO \$39 999
- 7     \$40 000 TO \$49 999
- 8     \$50 000 TO \$59 999
- 9     \$60 000 or more

Please circle your education history:

Parent 1 (Female)	Parent 2 (Male)	
1	1	no formal schooling
2	2	some elementary
3	3	completed elementary
4	4	some secondary
5	5	completed secondary
6	6	some community or technical college
7	7	completed community or technical college
8	8	some university
9	9	completed university or teacher's college

Please circle your current type of employment outside of the home (are you working?):

Parent 1 (Female)	Parent 2 (Male)	
1	1	full-time
2	2	part-time
3	3	not working outside the home

Why do you come to this program?

---

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---

---

To find out the effect of the CAPC program on your family, we would like to interview 50 people now and again in one year. The interview will take about one hour and can be done at your home or at the program. All information will be kept confidential (secret). You will get \$20 for your time. Would you like to take part in the CAPC follow-up study?

Yes          No

If yes, please give us your current address and telephone number:

Address: 

---

---

---

Telephone Number: 

---

If no, please tell us why:

---

---

Thank you very much for your help!

APPENDIX THREE  
PARTICIPANT EVALUATION FORM



**Appendix Three:  
Written Participant Evaluation Form**

Oct. 6/94

PROGRAM TITLE: \_\_\_\_\_

DATES: \_\_\_\_\_

FACILITATOR(S)/WORKER(S): \_\_\_\_\_

Filled Out by: (Please fill out one form per family) \_\_\_\_\_

Please circle responses:

1. What did you find most helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What did you find least helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What are you doing differently because of the program (list 2 or 3 things):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you think this program has helped you with parenting?

Yes \_\_\_\_\_

No \_\_\_\_\_

How:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Would you recommend to a friend to come to this program?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. What would you change for the next group? (Check all that apply).

- \_\_\_\_ Location, because it is hard to get to.  
\_\_\_\_ Location, because the physical setting is uncomfortable  
\_\_\_\_ I don't like the building in which the program was held  
\_\_\_\_ Time of the program (If checked, please suggest another) \_\_\_\_\_  
\_\_\_\_ Anything else (please list) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Overall, I would rate this program:



Hats Off



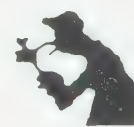
Thumbs Up



So So



Thumbs Down



Blah



Evaluation of session (by facilitators):

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---

---

---

Recommendations for future sessions on this topic (by participants):

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---

Recommendations for future sessions on this topic (by facilitators):

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**APPENDIX FIVE  
ATTENDANCE FORM**



## PROGRAM: \_\_\_\_\_

FACILITATOR(S):

Number of Participants Enrolled:

[illegible]

**Key:**      ✓      **Yes:**      **No:**      Reason for not attending if known, write unknown if unknown



**APPENDIX SIX  
FOCUS GROUP QUESTIONS**





## **Appendix Six**

### Hamilton-Wentworth Community Action Program for Children (CAPC) Focus Group Questions for Program Evaluation

(items in brackets describe the data we are looking for, each program will use probes related to the program to obtain this information)

#### **A) Expectations of the Program:**

1. How did you find out about the program?  
(referral source)
2. What assistance were you looking for from the program?  
(clients' perception, personal expectations or presenting problem)
3. What changes in your life did you think you would make from being involved in this program?(meeting people, learning things about infant & child care, a break or chance to get out of the house, free food, help with planning to go back to school, help with finding a job)

#### **B) Effects of the Program on Participants' Lives:**

1. Please describe the areas that you received assistance with (ie., parenting, household management, budgeting, community supports, career planning).
2. What are you doing more of as a result of your involvement with the program?
3. What are you doing less of as a result of your involvement with the program?
4. What happens in your life when you make use of the information or do things differently?
5. How will you use the information, knowledge or skills gained from your program involvement to benefit:
  - a) yourself
  - b) your child(ren)
  - c) your family
  - d) your community

#### **C) Why Participants Attend:**

1. What is it about the program that keeps you coming?
2. What gets in the way of your coming to the program?
3. Do you miss it if you don't come? If yes, why?
4. What would you say is your most important reason for coming to the program?

**D) Program Recruitment:**

1. Are there people you know who could use the program?
2. Would you mention the program to your friends?
3. What would convince them to come or help them to get to the program?

**E) Participant Feedback About the Program:**

1. What changes would you like to see in the program?  
(review topics covered in the program to refresh participants' memories)
2. Were you given the opportunity to share your ideas, opinions, and concerns in a way that made you feel comfortable and was helpful? Please explain.
3. What role, if any, would you like to play in the future of this program?
4. If you have attended other programs, how was this program different?

**F) Wrap-Up:**

1. Does anyone have any other comments?
2. How did you feel about this group discussion?

**APPENDIX SEVEN**  
**QUALITATIVE INTERVIEW QUESTIONS**



## **Appendix Seven**

### **Hamilton-Wentworth Community Action Program for Children (CAPC) Questions for the Local Qualitative Interviews with Program Participants**

#### **A) Expectations of the Program**

- 1) How did you find out about CAPC (referral source)
- 2) How soon after you found out about CAPC did you decide to come to its program(s)?
- 3) How did you feel about coming to CAPC? (what do you mean?) Has that feeling changed? Why do you think so?
- 4) Which CAPC program(s) are you involved in? How much do you know about the other CAPC programs?
- 5) What were you hoping CAPC would offer you?
- 6) What changes in your did you think you could make from being involved with CAPC?

#### **B) Why Participants Attend**

- 1) What is it about CAPC that keeps you coming?
- 2) What gets in the way of your coming to CAPC? (barriers)
- 3) If you don't come to a CAPC session, do you miss it? Please explain.
- 4) What would you say is the most important reason for being involved with CAPC? The least important reason?

#### **C) Program Recruitment**

- 1) Are there people you know who could use CAPC? Why or Why not? (If "no", go to section D).
- 2) Have you recommended CAPC to other people? What did you tell them? How interested were they? Why do you think they were interested/not interested?
- 3) How would you suggest we encourage people to become involved in CAPC?



#### **D) Affects of the Program on Participants' Lives**

Now I'd like to ask you some questions which are more personal. These questions are being asked to find out how CAPC has affected your lifestyle, or your relationships, etc...

So I might get a better idea of how you fit CAPC into your life, I thought we might begin this session by drawing an "ECO" map.. Let me show you what I mean... (and interviewer draws own eco map by way of example)

(person starts with symbol for self, then adds symbols for family, significant others, agencies, schools, work, programs, etc., etc., joining the symbols with solid or broken lines representing strength of the relationship. Interviewer assists by advising: first you place yourself somewhere on the page...now you add the person(s) closest to you (who is that?) now, what about your children/partner, where would you place them? what other people are in your life ... getting finally to CAPC).

(keep the map, with permission and have the person code the systems within it for you)

- 1) What sorts of stresses do you have in your life? How do these stresses affect you?
- 2) Is CAPC helping you to deal with these stresses? If yes, How? If no, what do you mean?
- 3) What are you doing more of as a result of your involvement with CAPC?
- 4) What are you less of as a result of your involvement with CAPC?
- 5) From your experience with CAPC, have you learned to do things differently? If yes, what happens in your life when you do things differently? If no, please explain.
- 6) Looking ahead for yourself, what would like for yourself? (where would you like to be? what would you like to do?) What do you think you need to do to prepare for this? (where would you go for advice about your \_\_\_\_\_, how would you start? Then what would you do?) What else needs to be in place?

#### **E) Community Resources**

The next few questions have to do with other services in your community which you may, or may not have used.

- 1) What resources or services in your community did or might have assisted you before and during pregnancy? Please explain.
- 2) What resources of services in your community are you familiar with related to parenting?

- 3) Have any of these services assisted you with your parenting? Please explain. Please describe them.
- 4) What other resources or services in your community could assist you with parenting?
- 5) What other community services would you like to have?

#### **F) Participant Feedback About the Program**

- 1) If you have been involved with other community services, how was CAPC different?
- 2) Are the staff from CAPC different from other professionals you've had experience with? If so, How?
- 3) What changes would you like to see in CAPC?
- 4) Were you given the opportunity to share your ideas, opinions and concerns in a way that made you feel comfortable and was helpful to you? To others in the program? Please explain.
- 5) Do you feel you have input into CAPC? What do you mean?
- 6) What future role to you see yourself having in CAPC?

#### **G) Effects of the Current Political Climate on the Participant**

**The last few questions are government and its affects on people like yourself. May I ask you your opinion?**

- 1) How do you think you could have influence on the government at the following levels: local, provincial, federal.
- 2) Have you ever contacted your local representative of the government? If so, what happened?
- 3) If you could talk to a politician responsible for the cuts what would say to tell them about the effects of the cuts on you and your child(ren)/partner?
- 4) Is CAPC helping you deal with the cutbacks from the provincial government? If yes, how? If no, how do you think CAPC could help with the cutbacks?
- 5) Given the changes being made by the provincial government, what do you think CAPC should be focusing on?

## **CLOSING**

**Is there anything else, at all, you would like to add. THANK YOU.**

APPENDIX EIGHT  
LONG - TERM FOLLOW UP QUANTITATIVE INTERVIEW



# Community Action Program for Children

Health Canada – protected when completed

Aussi disponible en français

## Appendix Eight

### National Evaluation Long Term Follow-Up Quantitative Interview

Form "E"

PROGRAM PARTICIPANTS

#### INTRODUCTION (to be read to respondent)

Hello, I'm ...(your name)... of (name of organization).  
Not long ago, you or a member of your family registered in a program sponsored by Health Canada's Community Action Program for Children (CAPC). With the program staff you completed a questionnaire by which you assisted in the evaluation of the services of the program.

Your household has been randomly selected to participate in a follow-up interview. The information collected during this interview will be used by Health Canada and the program staff to assess

whether CAPC programs are helping parents and children in the ways that they were intended.

While your participation is voluntary, your help is important. Your answers will be used in the evaluation of CAPC by Health Canada or for consistent uses such as other studies of community services. Results will be presented only as statistical aggregates; names and addresses of participants will never be connected with the results of the study.

Project Number: 4927-06-93/0029

Language E

Project Name: Community Action Program for Children  
(CAPC): Hamilton-We

Province: ONTARIO

FED Number: 0529 FED Name: Hamilton East

Program Number	<input type="text"/>	Sequential Family Number	<input type="text"/>
Program Name	<input type="text"/>		<input type="text"/>

Date	Time	Notes	Final Status of Interview
			1 <input type="radio"/> fully completed
			2 <input type="radio"/> partially completed
			3 <input type="radio"/> refusal by participant or primary caregiver
			4 <input type="radio"/> refusal by other household member
			5 <input type="radio"/> unable to trace
			6 <input type="radio"/> unable to contact
			7 <input type="radio"/> death
			8 <input type="radio"/> duplicate
			9 <input type="radio"/> other non-response (specify) _____

## Start interview here ▼

Day Month Year	Hour Min	Language of questionnaire
Date of interview: <input type="text"/>	Time start: <input type="text"/> (24 hour clock)	1 <input checked="" type="radio"/> English

Verify the following information with the respondent.

Name of program participant (first name only) from Form D, item 1	
Name of primary caregiver (first name only) from Form D, item 3	OR 1 <input type="radio"/> participant is 12 years or older
Name of randomly selected child of the participant	OR 2 <input type="radio"/> participant has no children



**SECTION A: Background****A1.** INTERVIEWER: Ask the primary caregiver (or participant if 12 years or over) the following questions.

These first few questions are about your background and current circumstances. In what country were you born? (Do not read list. Mark one only)

- |                                     |  |
|-------------------------------------|--|
| 01 <input type="radio"/> Canada     | 13 <input type="radio"/> Jamaica               |
| 02 <input type="radio"/> Bangladesh | 14 <input type="radio"/> Netherlands           |
| 03 <input type="radio"/> China      | 15 <input type="radio"/> Philippines           |
| 04 <input type="radio"/> France     | 16 <input type="radio"/> Poland                |
| 05 <input type="radio"/> Germany    | 17 <input type="radio"/> Portugal              |
| 06 <input type="radio"/> Greece     | 18 <input type="radio"/> Russia                |
| 07 <input type="radio"/> Guyana     | 19 <input type="radio"/> Somalia               |
| 08 <input type="radio"/> Hong Kong  | 20 <input type="radio"/> Sri Lanka             |
| 09 <input type="radio"/> Hungary    | 21 <input type="radio"/> United Kingdom        |
| 10 <input type="radio"/> India      | 22 <input type="radio"/> United States         |
| 11 <input type="radio"/> Iran       | 23 <input type="radio"/> Vietnam               |
| 12 <input type="radio"/> Italy      | 24 <input type="radio"/> Other (specify) _____ |

**A2.** To which ethnic or cultural group(s) did your ancestors belong? (For example: French, English, Chinese, etc.) (Do not read list. Mark all that apply.)

- |   |  |
|---|--|
| 01 <input type="radio"/> Canadian               | 10 <input type="radio"/> Chinese               |
| 02 <input type="radio"/> French                 | 11 <input type="radio"/> Jewish                |
| 03 <input type="radio"/> English                | 12 <input type="radio"/> Polish                |
| 04 <input type="radio"/> German                 | 13 <input type="radio"/> Portuguese            |
| 05 <input type="radio"/> Scottish               | 14 <input type="radio"/> South Asian           |
| 06 <input type="radio"/> Irish                  | 15 <input type="radio"/> Black                 |
| 07 <input type="radio"/> Italian                | 16 <input type="radio"/> North American Indian |
| 08 <input type="radio"/> Ukrainian              | 17 <input type="radio"/> Métis                 |
| 09 <input type="radio"/> Dutch<br>(Netherlands) | 18 <input type="radio"/> Inuit/Eskimo          |
|   | 19 <input type="radio"/> Other (specify) _____ |

**A3.** In which language(s) can you conduct a conversation? (Do not read list. Mark all that apply.)

- |  |  |
|--|--|
| 01 <input type="radio"/> English         | 14 <input type="radio"/> Spanish                           |
| 02 <input type="radio"/> French          | 15 <input type="radio"/> Tagalog (Filipino)                |
| 03 <input type="radio"/> Arabic          | 16 <input type="radio"/> Ukrainian                         |
| 04 <input type="radio"/> Chinese         | 17 <input type="radio"/> Vietnamese                        |
| 05 <input type="radio"/> German          |  |
| 06 <input type="radio"/> Greek           | <b>Aboriginal languages</b>                                |
| 07 <input type="radio"/> Hungarian       | 18 <input type="radio"/> Cree                              |
| 08 <input type="radio"/> Italian         | 19 <input type="radio"/> Ojibway                           |
| 09 <input type="radio"/> Korean          | 20 <input type="radio"/> Athapaskan (Dene)                 |
| 10 <input type="radio"/> Persian (Farsi) | 21 <input type="radio"/> Other language<br>(specify) _____ |
| 11 <input type="radio"/> Polish          |  |
| 12 <input type="radio"/> Portuguese      |  |
| 13 <input type="radio"/> Punjabi         |  |

**A4.** What is your date of birth?

Day Month Year

--	--	--	--	--	--	--	--

99 ☐ Ref**A5.** INTERVIEWER: record gender of respondent

- 1 ☐ male
- 2 ☐ female

**A6.** What is your current marital status?

- 01 ☐ now married
- 02 ☐ common law
- 03 ☐ living with a partner
- 04 ☐ single (never married)
- 05 ☐ widowed
- 06 ☐ separated
- 07 ☐ divorced
- 08 ☐ Ref

**A7.** Excluding kindergarten, how many years of elementary and high school have you successfully completed? (Do not read list. Mark one only.)

- 01 ☐ No schooling → Go to Question A11
- 02 ☐ one to five years
- 03 ☐ six
- 04 ☐ seven
- 05 ☐ eight
- 06 ☐ nine
- 07 ☐ ten
- 08 ☐ eleven
- 09 ☐ twelve
- 10 ☐ thirteen

**A8.** Have you graduated from high school?

- 1 ☐ yes
- 2 ☐ no

**A9.** Have you ever attended any other kind of school such as university, community college, business school, trade or vocational school, Cégep or other post-secondary institution?

- 3 ☐ yes
- 4 ☐ no → Go to Question A11

**A10.** What is the highest level of education that you have attained? (Do not read list. Mark one only.)

- 01 ☐ some trade, technical, vocational school or business college
- 02 ☐ some community college, Cégep or nursing school
- 03 ☐ some university
- 04 ☐ diploma or certificate from trade, technical or vocational school, or business college
- 05 ☐ diploma or certificate from community college, Cégep or nursing school
- 06 ☐ bachelor's or undergraduate degree or teacher's college (e.g., B.A., B.Sc., LL.B.)
- 07 ☐ master's degree (e.g., M.A., M.Sc., M.Ed.)
- 08 ☐ degree in medicine, dentistry, veterinary medicine or optometry (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- 09 ☐ earned doctorate (e.g., Ph.D., D.Sc., D.Ed.)
- 10 ☐ other (specify) \_\_\_\_\_

**A11.** What do you consider to be your current main activity? For example, working for pay or profit, caring for family. (Do not read list. Mark one only.)

- 1 ☐ caring for family
- 2 ☐ working for pay or profit
- 3 ☐ caring for family and working for pay or profit
- 4 ☐ going to school
- 5 ☐ recovering from illness/on disability
- 6 ☐ looking for work
- 7 ☐ retired
- 8 ☐ other



**A12.** Have you worked for pay or profit at any time in the past 12 months?

- 1 ☐ yes  
2 ☐ no

**A13.** Please look at your response booklet on page 1. What was the total income of your household over the past 12 months? Just tell me the letter.

- 01 ☐ no income  
A) 02 ☐ \$ 1 to 4 999  
B) 03 ☐ \$ 5 000 to \$ 9 999  
C) 04 ☐ \$10 000 to \$14 999  
D) 05 ☐ \$15 000 to \$19 999  
E) 06 ☐ \$20 000 to \$29 999  
F) 07 ☐ \$30 000 to \$39 999  
G) 08 ☐ \$40 000 to \$49 999  
H) 09 ☐ \$50 000 to \$59 999  
I) 10 ☐ \$60 000 to \$79 999  
J) 11 ☐ \$80 000 or more  
12 ☐ DK  
13 ☐ Ref

### SECTION B: CAPC Program

**B1.** These questions are about your experiences in (name of CAPC Program from front page of this form). First of all, how did you hear about (name of program)? (Do not read list. Mark all that apply.)

- 1 ☐ advertisement  
2 ☐ friend or neighbour  
3 ☐ program participant  
4 ☐ doctor  
5 ☐ public health nurse  
6 ☐ child protection worker  
7 ☐ other service provider  
8 ☐ in some other way (specify) \_\_\_\_\_  
9 ☐ don't remember

**B2.** About how many times did you or (name of child participant) attend the program in the last week? Would you say...

- 01 ☐ not at all  
02 ☐ 1 or 2 times  
03 ☐ 3 or 4 times  
04 ☐ 5 or more times  
05 ☐ DK  
06 ☐ Ref

**B3.** Do you have any say in how the program runs?

- 1 ☐ Yes → Go to Question B4  
2 ☐ No  
3 ☐ Ref → Go to Question B5

**B4.** In what way do you have a say in how the program runs? (Do not read list. Mark all that apply.)

- 4 ☐ I sit on a committee that runs the program  
5 ☐ I sit on a committee that gives advice about how the program should be run  
6 ☐ I offer suggestions  
7 ☐ Something else  
8 ☐ Ref

**B5.** Do you help run the program in any way? (i.e. participates in provision of day-to-day services)

- 1 ☐ yes → Go to Question B6  
2 ☐ no  
3 ☐ Ref → Go to Question B7

**B6.** Do you volunteer or are you paid to help with the program? (Do not read list. Mark all that apply.)

- 01 ☐ I volunteer in the program  
02 ☐ I am paid to help with the program  
03 ☐ Ref

**B7.** How helpful has the program been to you? Would you say...

- 1 ☐ very helpful  
2 ☐ somewhat helpful  
3 ☐ not very helpful  
4 ☐ not helpful at all  
5 ☐ DK  
6 ☐ Ref

### SECTION C: Neighbourhood or Community

**C1.** This section asks questions about your neighbourhood or community. These questions are important to help us understand the effects of different places on children. How long have you lived at this address?

years (Enter 00 if less than 1 year.)

- 98 ☐ DK  
99 ☐ Ref

**C2.** How do you feel about your neighbourhood as a place to bring up children? Is it...

- 01 ☐ excellent  
02 ☐ good  
03 ☐ average  
04 ☐ poor  
05 ☐ very poor  
06 ☐ DK  
07 ☐ Ref

**C3.** Do you do any volunteer work with any local organizations such as school groups, church or other religious groups, community agencies or ethnic organizations?

- 1 ☐ yes → Go to Question C4  
2 ☐ no  
3 ☐ DK → Go to Question C5  
4 ☐ Ref

**C4.** What type of organization is it? (Do not read list. Mark all that apply.)

- 01 ☐ community agency or service provider (e.g. Children's Aid, children's mental health centres, YM/YWCA)  
02 ☐ hospital or health care provider (e.g. VON, Red Cross, community health centre or CLSC)  
03 ☐ government agency or department (e.g. probation office, welfare office, tourist information centre)  
04 ☐ local service club (e.g. Lions, Rotary, Kinettes, Optimists)  
05 ☐ local religious group (e.g. church, mosque, synagogue)  
06 ☐ sports or recreational organization (e.g. coaching, refereeing)  
07 ☐ child or youth organization (e.g. Girl Guides, Scouts, Boys' and Girls' Club, Big Brothers or Big Sisters)  
08 ☐ school or child care centre (e.g. classroom volunteer, PTA)  
09 ☐ advocacy group (e.g. women's group, tenants' or neighbourhood association, welfare rights group)  
10 ☐ ethnic or cultural organization (e.g. immigrant services, multicultural centre)  
11 ☐ other (specify) \_\_\_\_\_

**C5.** INTERVIEWER: show respondent page 2 of response booklet. Next are statements that describe feelings a person can have about living in a neighbourhood. Please tell me whether you strongly agree, agree, disagree or strongly disagree with these statements about your feelings.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) I feel like I belong in this neighbourhood	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I like to think of myself as similar to the people who live in the neighbourhood.	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) I feel I am important to this neighbourhood	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>

**C6.** Please tell me whether you strongly agree, agree, disagree, or strongly disagree with these statements about your neighbourhood.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) It is safe to walk alone in this neighbourhood after dark	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
b) It is safe for children to play outside during the day	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
c) There are good parks, playgrounds and play spaces in this neighbourhood	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**C7.** The following statements are about people in neighbourhoods. Please tell me whether you strongly agree, agree, disagree or strongly disagree with the following statements when thinking of your neighbours.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) If there is a problem around here, the neighbours get together to deal with it	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) There are adults in the neighbourhood that children can look up to	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) People around here are willing to help their neighbours	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) You can count on adults in this neighbourhood to watch out that children are safe and don't get in trouble	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>

**C8.** The following are problems that arise in neighbourhoods. Would you say the following are a big problem, somewhat of a problem, or no problem in this neighbourhood.

	big problem	somewhat of a problem	no problem	DK	Ref
a) Litter, broken glass or garbage in the street or road, on the sidewalk, or on yards?	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
b) Selling or using drugs?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>
c) Alcoholics and excessive drinking in public?	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>
d) Groups of young people who cause trouble?	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
e) Burglary of homes and apartments?	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>
f) Unrest due to ethnic or religious differences?	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>

**C9.** The following are statements about relationships and the support which you may get from others. For each of the following, please tell me whether you strongly agree, agree, disagree or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) If something went wrong, no one would help me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I have family and friends who help me feel safe, secure and happy	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) There is someone I trust whom I could turn to for advice if I were having problems	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) There is no one I feel comfortable talking about problems with	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) I lack a feeling of closeness with another person	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) There are people I can count on in an emergency	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**C10.** The next few questions are about services for families in your community. I am going to read a list of services and programs. Please tell me if each one is available in your community.

	yes	no	DK	Ref
a) emergency health care services (e.g., hospital, walk-in medical clinic)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>
b) child day-care services (other than those provided by the CAPC program)	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>	08 <input type="radio"/>
c) services for children with emotional or behavioural problems	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d) library services	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>
e) recreational services and programs for children	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>
f) drop-in or recreational services for parents	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
g) health clinics such as mobile clinics, breast feeding clinics, etc.	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>

**C11.** Was there ever a time in the past six months when you wanted help for a physical, social or emotional problem for yourself (or your child(ren)) but didn't get it?

- 1 ☐ yes → Go to Question C12
- 2 ☐ no
- 3 ☐ DK → Go to Question C14
- 4 ☐ Ref

**C12.** From what type of person or service provider did you want help? (Do not read list. Mark all that apply)

- 01 ☐ friend or family member
- 02 ☐ medical doctor
- 03 ☐ nurse
- 04 ☐ midwife
- 05 ☐ dentist
- 06 ☐ pharmacist or druggist
- 07 ☐ psychologist, social worker or other counsellor
- 08 ☐ children's Aid Society/child protection worker
- 09 ☐ children's mental health centre worker
- 10 ☐ school or child care staff
- 11 ☐ elder
- 12 ☐ traditional health worker
- 13 ☐ someone else

**C13.** Why didn't you get the help? (Do not read list. Mark all that apply.)

- 14 ☐ too expensive
- 15 ☐ didn't know whom to see, where to go or whom to call
- 16 ☐ too far away or transportation problem
- 17 ☐ couldn't get an appointment/takes too long/long waiting list
- 18 ☐ language problem
- 19 ☐ too embarrassed to go
- 20 ☐ no one seemed to care
- 21 ☐ past contacts were not helpful
- 22 ☐ too busy
- 23 ☐ help probably wouldn't do any good
- 24 ☐ something else (please describe) \_\_\_\_\_

**C14.** In general, do you think your community has enough services for families? Would you say...

- 1 ☐ yes, definitely
- 2 ☐ yes, I think so
- 3 ☐ no, I don't think so
- 4 ☐ no, definitely not
- 5 ☐ DK
- 6 ☐ Ref

**C15.** In general, how satisfied are you with the quality of services available in this community? Would you say...

- 01 ☐ very satisfied
- 02 ☐ satisfied
- 03 ☐ dissatisfied
- 04 ☐ very dissatisfied
- 05 ☐ DK
- 06 ☐ Ref

**C16.** How much of a say do you have in how the services and programs in your community are run? Would you say...

- 1 ☐ a great deal
- 2 ☐ some
- 3 ☐ very little
- 4 ☐ none at all
- 5 ☐ DK
- 6 ☐ Ref

**C17.** Do you think that it's important for people to have a say in how services and programs in their community are run? Would you say...

- 01 ☐ yes, definitely
- 02 ☐ yes, I think so
- 03 ☐ no, I don't think so
- 04 ☐ no, definitely not
- 05 ☐ DK
- 06 ☐ Ref



## SECTION D. Health and Development

### D1. INTERVIEWER :

- if the respondent is childless → 1 ☐ Go to Question F1
- otherwise → 2 ☐ Go to Question D2

### D2. The next questions are about (name of child participant or randomly selected child) (see name on front cover). What is (name of child participant)'s birthdate?

Day Month Year

- (If child is 0 to 4 years of age insert number of months old) 3   month(s)
- or
- (If child is over 4 years of age, insert number of years old) 4   years old

### D3. Is (name of child participant) a boy or a girl?

- 5 ☐ boy
- 6 ☐ girl

### D4. What is your relationship to (name of child participant)? (Mark one only)

- 01 ☐ birth parent
- 02 ☐ step parent (include common-law parent)
- 03 ☐ adoptive parent
- 04 ☐ foster parent
- 05 ☐ sister/brother
- 06 ☐ grandparent
- 07 ☐ in-law
- 08 ☐ other related/extended family member
- 09 ☐ unrelated

### D5. In general, would you say (name of child participant)'s health is...

- 1 ☐ excellent
- 2 ☐ very good
- 3 ☐ good
- 4 ☐ fair
- 5 ☐ poor
- 6 ☐ OK
- 7 ☐ Ref

### D6. What is (name of child participant)'s height?

- 1    centimetres
- or
- 2   feet 3   inches
- or
- 4 ☐ DK
- 5 ☐ Ref

### D7. What is (name of child participant)'s weight?

- 1    2   kilograms
- or
- 3    pounds
- 4 ☐ DK
- 5 ☐ Ref

### D8. INTERVIEWER :

- If (name of child participant) is less than 6 years old → 1 ☐ Go to Question D8A
- otherwise → 2 ☐ Go to Question D8B

### D8A.

In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more. Does (name of child participant) have any of the following long-term conditions that have been diagnosed by a health professional?

- |                                   | yes                      | no                       |
|-----------------------------------|--------------------------|--------------------------|
| a) Allergies?                     | 01 <input type="radio"/> | 02 <input type="radio"/> |
| b) Bronchitis?                    | 03 <input type="radio"/> | 04 <input type="radio"/> |
| c) Heart condition or disease?    | 05 <input type="radio"/> | 06 <input type="radio"/> |
| d) Epilepsy?                      | 07 <input type="radio"/> | 08 <input type="radio"/> |
| e) Cerebral palsy?                | 09 <input type="radio"/> | 10 <input type="radio"/> |
| f) Kidney condition or disease?   | 11 <input type="radio"/> | 12 <input type="radio"/> |
| g) Mental handicap?               | 13 <input type="radio"/> | 14 <input type="radio"/> |
| h) Any other long term condition? | 15 <input type="radio"/> | 16 <input type="radio"/> |

Go to Question D8C

### D8B.

In the following questions long-term conditions refer to conditions that have lasted or are expected to last 6 months or more. Does (name of child participant) have any of the following long-term conditions that have been diagnosed by a health professional?

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
| a) Allergies?  | 17 <input type="radio"/> | 18 <input type="radio"/> |
| b) Bronchitis?                                       | 19 <input type="radio"/> | 20 <input type="radio"/> |
| c) Heart condition or disease?                       | 21 <input type="radio"/> | 22 <input type="radio"/> |
| d) Epilepsy?   | 23 <input type="radio"/> | 24 <input type="radio"/> |
| e) Cerebral palsy?                                   | 25 <input type="radio"/> | 26 <input type="radio"/> |
| f) Kidney condition or disease?                      | 27 <input type="radio"/> | 28 <input type="radio"/> |
| g) Mental handicap?                                  | 29 <input type="radio"/> | 30 <input type="radio"/> |
| h) Learning disability?                              | 31 <input type="radio"/> | 32 <input type="radio"/> |
| i) Emotional, psychological or nervous difficulties? | 33 <input type="radio"/> | 34 <input type="radio"/> |
| j) Any other long term condition?                    | 35 <input type="radio"/> | 36 <input type="radio"/> |

### D8C.

Does (name of child participant) have any long term conditions or health problems which prevent or limit his/her participation in school, at play, or in any other activity for a child of his/her age?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

### D9.

The following questions refer to injuries, such as a broken bone, bad cut or burn, head injury, poisoning, or a sprained ankle, which occurred in the past 12 months and were serious enough to require medical attention by a doctor, nurse or dentist. In the past 12 months was (name of child participant) injured?

- 5 ☐ yes → Go to Question D10
- 6 ☐ no
- 7 ☐ DK → Go to Question D12
- 8 ☐ Ref

### D10.

How many times was (he/she) injured?

times

- 98 ☐ DK
- 99 ☐ Ref

**D11.** For the most serious injury, what type of injury did (name of child participant) have? (Do not read list. Mark one only.)

- 01 ☐ broken or fractured bones
- 02 ☐ burn or scald
- 03 ☐ dislocation
- 04 ☐ sprain or strain
- 05 ☐ cut, scrape or bruise
- 06 ☐ concussion
- 07 ☐ poisoning by substance or liquid
- 08 ☐ internal injury
- 09 ☐ dental injury
- 10 ☐ other
- 11 ☐ multiple injuries
- 12 ☐ DK
- 13 ☐ Ref

**D12.** INTERVIEWER: Check child's age from question D2.

If the child is 4 years or more → 1 ☐ Go to Question D69

otherwise → 2 ☐ Go to Question D13

**D13.** The following questions are about (name of child participant)'s motor and social development.

If age is 0 to 3 months → 01 ☐ Go to Question D14

If age is 4 to 6 months → 02 ☐ Go to Question D21

If age is 7 to 9 months → 03 ☐ Go to Question D25

If age is 10 to 12 months → 04 ☐ Go to Question D32

If age is 13 to 15 months → 05 ☐ Go to Question D36

If age is 16 to 18 months → 06 ☐ Go to Question D41

If age is 19 to 21 months → 07 ☐ Go to Question D45

If age is 22 to 47 months → 08 ☐ Go to Question D51

**D14.** When lying on his/her stomach, has (name of child participant) ever turned his/her head from side to side?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D15.** Have his/her eyes ever followed a moving object?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D16.** When lying on his/her stomach on a flat surface, has he/she ever lifted his/her head off the surface for a moment?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D17.** Have his/her eyes ever followed a moving object all the way from one side to the other?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D18.** Has he/she ever smiled at someone when that person talked to or smiled at (but did not touch) him/her?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D19.** When lying on his/her stomach, has (name of child participant) ever raised his/her head and chest from the surface while resting his/her weight on his/her lower arms or hands?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D20.** Has (name of child participant) ever turned his/her head around to look at something?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D21.** When lying on his/her back and being pulled up to a sitting position, did (name of child participant) ever hold his/her head stiffly so that it did not hang back as he/she was pulled up?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D22.** Has he/she ever laughed out loud without being tickled or touched?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D23.** Has he/she ever held in one hand a moderate size object such as a block or a rattle?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D24.** Has he/she ever rolled over on his/her own on purpose?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D25.** Has (name of child participant) ever seemed to enjoy looking in the mirror at him/herself?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D26.** Has (name of child participant) ever been pulled from a sitting to a standing position and supported his/her own weight with legs stretched out?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

<p><b>D27.</b> Has (name of child participant) ever looked around with his/her eyes for a toy which was lost or not nearby?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D37.</b> INTERVIEWER Refer to Question D2</p> <p>If age is 4 to 6 months → 1 <input type="radio"/> Go to Question D69</p> <p>Otherwise, → 2 <input type="radio"/> Go to Question D38</p>
<p><b>D28.</b> Has (name of child participant) ever sat alone with no help except for leaning forward on his/her hands or with just a little help from someone else?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D38.</b> Has (name of child participant) ever shown by his/her behaviour that he/she knows the names of common objects when somebody else names them out loud?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D29.</b> INTERVIEWER : refer to Question D2</p> <p>If age is 0 to 3 months → 5 <input type="radio"/> Go to Question D69</p> <p>Otherwise → 6 <input type="radio"/> Go to Question D30</p>	<p><b>D39.</b> Has he/she ever shown that he/she wanted something by pointing, pulling, or making pleasant sounds rather than crying or whining?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D30.</b> Has he/she ever sat for 10 minutes without any support at all?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D40.</b> Has he/she ever stood alone on his/her feet for 10 seconds or more without holding on to anything or another person?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D31.</b> Has he/she ever pulled him/herself to a standing position without help from another person?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D41.</b> Has (name of child participant) ever walked at least 2 steps without holding on to anything or another person?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D32.</b> Has (name of child participant) ever crawled when left lying on his/her stomach?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D42.</b> INTERVIEWER : Refer to Question D2</p> <p>If age is 7 to 9 months → 3 <input type="radio"/> Go to Question D69</p> <p>Otherwise, → 4 <input type="radio"/> Go to Question D43</p>
<p><b>D33.</b> Has he/she ever said any recognizable words such as "mama" or "dada"?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D43.</b> Has he/she ever crawled up at least 2 stairs or steps?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D34.</b> Has he/she ever picked up small objects such as raisins or cookie crumbs, using only his/her thumb and first finger?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	<p><b>D44.</b> Has he/she said two recognizable words besides "mama" or "dada"?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>
<p><b>D35.</b> Has (name of child participant) ever walked at least 2 steps with one hand held or holding on to something?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>	<p><b>D45.</b> Has (name of child participant) ever run?</p> <p>5 <input type="radio"/> yes</p> <p>6 <input type="radio"/> no</p> <p>7 <input type="radio"/> DK</p> <p>8 <input type="radio"/> Ref</p>
<p><b>D36.</b> Has (name of child participant) ever waved good-bye without help from another person?</p> <p>1 <input type="radio"/> yes</p> <p>2 <input type="radio"/> no</p> <p>3 <input type="radio"/> DK</p> <p>4 <input type="radio"/> Ref</p>	

**D46.** Has he/she ever said the name of a familiar object, such as a ball?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D47.** Has he/she ever made a line with a crayon or pencil?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D48.** Did he/she ever walk up at least 2 stairs with one hand held or holding the railing?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D49.** INTERVIEWER : Refer to Question D2

If age is 10 to 12 months → 5 ☐ Go to Question D69

Otherwise, → 6 ☐ Go to Question D50

**D50.** Has he/she ever fed him/herself with a spoon or fork without spilling much?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D51.** Has (name of child participant) ever let someone know, without crying, that wearing wet (soiled) pants or diapers bothered him/her?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D52.** Has he/she ever spoken a partial sentence of 3 words or more?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D53.** Has (name of child participant) ever walked up stairs by him/herself without holding on to a rail?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D54.** INTERVIEWER : Refer to Question D2

If age is 13 to 15 months → 1 ☐ Go to Question D69

Otherwise, → 2 ☐ Go to Question D55

**D55.** Has he/she ever washed and dried his/her hands without any help except for someone turning the water on and off?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D56.** Has he/she ever counted 3 objects correctly?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D57.** Has he/she ever gone to the toilet alone?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D58.** Has he/she ever walked upstairs by him/herself with no help, stepping on each step with only one foot?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D59.** INTERVIEWER : Refer to Question D2

If age is 16 to 18 months → 1 ☐ Go to Question D69

Otherwise, → 2 ☐ Go to Question D60

**D60.** Does (name of child participant) know his/her own age and sex?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D61.** Has he/she ever said the names of at least 4 colours?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ DK
- 4 ☐ Ref

**D62.** Has he/she ever pedalled a tricycle at least 10 feet?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref

**D63.** INTERVIEWER : Refer to Question D2

If age is 19 to 21 months → 3 ☐ Go to Question D69

Otherwise, → 4 ☐ Go to Question D64

**D64.** Has he/she ever done a somersault without help from anybody?

- 5 ☐ yes
- 6 ☐ no
- 7 ☐ DK
- 8 ☐ Ref



**D65.** Has he/she ever dressed him/herself without any help except for tying shoes (and buttoning the backs of dresses)?

- 1 ☐ yes  
2 ☐ no  
3 ☐ DK  
4 ☐ Rel

**D67.** Has he/she ever counted out loud up to 10?

- 01 ☐ yes  
02 ☐ no  
03 ☐ DK  
04 ☐ Rel

**D66.** Has he/she ever said his/her first and last name together without someone's help? (Nickname may be used for first name.)

- 5 ☐ yes  
6 ☐ no  
7 ☐ DK  
8 ☐ Rel

→ Go to Question D67

**D68.** Has he/she ever drawn a picture of a man or woman with at least 2 parts of the body besides a head?

- 05 ☐ yes  
06 ☐ no  
07 ☐ DK  
08 ☐ Rel

**D69.** INTERVIEWER : show respondent page 2 of response booklet. Next are statements about what it feels like to be a parent. Please tell me if you strongly agree, agree, disagree, or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Rel
a) It seems like you are so busy as a parent that you never get anything done	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) Parenting leaves you feeling drained and exhausted	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) You feel like you are doing a good job as a parent	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) Being a parent makes you tense and anxious	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) It's hard to know whether you are doing a good job or a bad job as a parent	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) Being a parent is as satisfying as you expected	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>

**D70.** INTERVIEWER : show respondent page 3 of response booklet. The following questions have to do with things that (name of child participant) does and ways that you react to him/her. The responses are never, about once a week or less, a few times a week, one or two times a day, many times each day.

	never	about once a week or less	a few times a week	one or two times a day	many times each day	DK	Rel
a) How often do you praise him/her by saying something like "Good for you" or "What a nice thing you did!" or "That's good going"?	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>	43 <input type="radio"/>
b) How often do you and he/she talk or play with each other, focusing attention on each other for five minutes or more, just for fun?	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>	50 <input type="radio"/>
c) How often do you and he/she laugh together?	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>
d) How often do you tell stories or legends to him/her?	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>
e) How often do you tell him/her that he/she is bad or not as good as others?	65 <input type="radio"/>	66 <input type="radio"/>	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>
f) How often do you do something special with him/her that he/she enjoys?	72 <input type="radio"/>	73 <input type="radio"/>	74 <input type="radio"/>	75 <input type="radio"/>	76 <input type="radio"/>	77 <input type="radio"/>	78 <input type="radio"/>
g) How often do you play sports, hobbies or games with him/her?	79 <input type="radio"/>	80 <input type="radio"/>	81 <input type="radio"/>	82 <input type="radio"/>	83 <input type="radio"/>	84 <input type="radio"/>	85 <input type="radio"/>

**D71.** INTERVIEWER :

If age of child participant is 0 to 23 months

→ 1 ☐ Go to Question F1

Otherwise

→ 2 ☐ Go to Question D72

**INTERVIEWER** show respondent page 4 of response booklet. Now, we know that when parents spend time together with their children, some of the time things go well and some of the time they don't go well. For the following questions, I would like you to tell me what proportion of the time things turn out in different ways, whether it is never, less than half the time, about half the time, more than half the time or all the time

	never	less than half the time	about half the time	more than half the time	all the time	DK	Ref
a) Of all the times that you talk to (name of child participant) about his/her behaviour, what proportion is praise?	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>	07 <input type="radio"/>
b) Of all the times that you talk to him/her about his/her behaviour, what proportion is disapproval?	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>	13 <input type="radio"/>	14 <input type="radio"/>
c) How often do you get angry when you punish him/her?	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>
d) How often do you think that the kind of punishment you give him/her depends on your mood?	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>
e) How often do you feel you are having problems managing him/her in general?	29 <input type="radio"/>	30 <input type="radio"/>	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>
f) When you discipline him/her, how often does he/she ignore the punishment?	36 <input type="radio"/>	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
g) How often do you have to discipline him/her repeatedly for the same thing?	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>	49 <input type="radio"/>

### Section E: School, relationships and behaviour

**E1.** The next few questions are about (name of child participant)'s school experiences, relationships and behaviour. Does he/she go to school? (Include home schooling)

- 1 ☐ yes → Go to Question E6  
 2 ☐ no → Go to Question E2  
 3 ☐ DK → Go to Question E11  
 4 ☐ Ref → Go to Question E11

**E5.** **INTERVIEWER** : show respondent page 5 of response booklet. During the past 6 months, how well has (name of child participant) gotten along with his/her leaders or teachers in the program? Would you say...

- 1 ☐ Very well, no problems  
 2 ☐ Quite well, hardly any problems  
 3 ☐ Pretty well, occasional problems  
 4 ☐ Not too well, frequent problems  
 5 ☐ Not well at all, constant problems  
 6 ☐ DK  
 7 ☐ Ref

→ Go to  
Question  
E11

**E2.** Why doesn't he/she go to school? (Mark one only)

- 5 ☐ too young  
 6 ☐ something else (specify) \_\_\_\_\_  
 7 ☐ DK  
 8 ☐ Ref

**E3.** Does (name of child participant) attend any nursery school, play group, child care centre, or other early childhood program or activity?

- 1 ☐ yes → Go to Question E4  
 2 ☐ no  
 3 ☐ DK → Go to Question E11  
 4 ☐ Ref

**E4.** In general, how satisfied are you with the quality of the program? Would you say...

- 01 ☐ Very satisfied  
 02 ☐ Satisfied  
 03 ☐ Dissatisfied  
 04 ☐ Very dissatisfied → Go to Question E5  
 05 ☐ DK  
 06 ☐ Ref

**E6.** What school grade is (name of child participant) in?

- 01 ☐ junior kindergarten  
 02 ☐ kindergarten  
 03 ☐ grade 1  
 04 ☐ grade 2  
 05 ☐ grade 3  
 06 ☐ grade 4  
 07 ☐ grade 5  
 08 ☐ grade 6  
 09 ☐ grade 7 (in Quebec = Secondary I)  
 10 ☐ grade 8 (in Quebec = Secondary II)  
 11 ☐ grade 9 (in Quebec = Secondary III)  
 12 ☐ ungraded  
 13 ☐ DK  
 14 ☐ Ref

**E7.** Based on your knowledge of his/her school work, including his/her report cards, how is (name of child participant) doing overall at school. Would you say...

- 1 ☐ very well  
 2 ☐ well  
 3 ☐ average  
 4 ☐ poorly  
 5 ☐ very poorly  
 6 ☐ DK  
 7 ☐ Ref

**E1.** Does (name of child participant) receive special education because a physical, emotional, behaviour or other problem limits the kind or amount of school work he/she can do?

- 1 ☐ yes  
2 ☐ no  
3 ☐ DK  
4 ☐ Ref

**E2.** In general, how satisfied are you with the education (name of child participant) is receiving? Would you say...

- 01 ☐ very satisfied  
02 ☐ satisfied  
03 ☐ dissatisfied  
04 ☐ very dissatisfied  
05 ☐ DK  
06 ☐ Ref

**E10.** INTERVIEWER : show respondent page 5 of response booklet. Since starting school in the fall, how well has (name of child participant) gotten along with his/her teachers at school? Would you say...

- 1 ☐ Very well, no problems  
2 ☐ Quite well, hardly any problems  
3 ☐ Pretty well, occasional problems  
4 ☐ Not too well, frequent problems  
5 ☐ Not well at all, constant problems  
6 ☐ DK  
7 ☐ Ref

Go to  
Question  
E11

**E11.** During the past 6 months, how well has he/she gotten along with other kids such as friends or classmates (excluding brothers and sisters)?

- 21 ☐ Very well, no problems  
22 ☐ Quite well, hardly any problems  
23 ☐ Pretty well, occasional problems  
24 ☐ Not too well, frequent problems  
25 ☐ Not well at all, constant problems  
26 ☐ DK  
27 ☐ Ref

**E12.** During the past 6 months, how well has he/she gotten along with his/her parent(s)?

- 1 ☐ Very well, no problems  
2 ☐ Quite well, hardly any problems  
3 ☐ Pretty well, occasional problems  
4 ☐ Not too well, frequent problems  
5 ☐ Not well at all, constant problems  
6 ☐ DK  
7 ☐ Ref

**E13.** During the past 6 months, how well has (name of child participant) gotten along with his/her brother(s)/sister(s)?

- 01 ☐ Very well, no problems  
02 ☐ Quite well, hardly any problems  
03 ☐ Pretty well, occasional problems  
04 ☐ Not too well, frequent problems  
05 ☐ Not well at all, constant problems  
06 ☐ Not applicable  
07 ☐ DK  
08 ☐ Ref

**E14.** INTERVIEWER : show respondent page 6 of response booklet.

Now I'd like to ask you questions about how (name of child participant) seems to feel or act. We know that all kids have their ups and downs. For each statement, please tell me if it's never or not true, sometimes or somewhat true, often or very true for (name of child participant).

	never or not true	sometimes or somewhat true	often or very true	DK	Ref
a) Can't sit still, is restless or hyperactive	001 <input type="radio"/>	002 <input type="radio"/>	003 <input type="radio"/>	004 <input type="radio"/>	005 <input type="radio"/>
b) Destroys his/her own things	006 <input type="radio"/>	007 <input type="radio"/>	008 <input type="radio"/>	009 <input type="radio"/>	010 <input type="radio"/>
c) Will try to help someone who has been hurt	011 <input type="radio"/>	012 <input type="radio"/>	013 <input type="radio"/>	014 <input type="radio"/>	015 <input type="radio"/>
d) Steals at home	016 <input type="radio"/>	017 <input type="radio"/>	018 <input type="radio"/>	019 <input type="radio"/>	020 <input type="radio"/>
e) Seems to be unhappy, sad or depressed	021 <input type="radio"/>	022 <input type="radio"/>	023 <input type="radio"/>	024 <input type="radio"/>	025 <input type="radio"/>
f) Gets into many fights	026 <input type="radio"/>	027 <input type="radio"/>	028 <input type="radio"/>	029 <input type="radio"/>	030 <input type="radio"/>
g) Volunteers to help clear up a mess someone else has made	031 <input type="radio"/>	032 <input type="radio"/>	033 <input type="radio"/>	034 <input type="radio"/>	035 <input type="radio"/>
h) Is distractible, has trouble sticking to any activity	036 <input type="radio"/>	037 <input type="radio"/>	038 <input type="radio"/>	039 <input type="radio"/>	040 <input type="radio"/>
i) Is not as happy as other children	041 <input type="radio"/>	042 <input type="radio"/>	043 <input type="radio"/>	044 <input type="radio"/>	045 <input type="radio"/>
j) Destroys things belonging to his/her family or other children	046 <input type="radio"/>	047 <input type="radio"/>	048 <input type="radio"/>	049 <input type="radio"/>	050 <input type="radio"/>
k) If there is a quarrel or dispute, will try to stop it	051 <input type="radio"/>	052 <input type="radio"/>	053 <input type="radio"/>	054 <input type="radio"/>	055 <input type="radio"/>
l) Fidgets	056 <input type="radio"/>	057 <input type="radio"/>	058 <input type="radio"/>	059 <input type="radio"/>	060 <input type="radio"/>
m) Is disobedient at school	061 <input type="radio"/>	062 <input type="radio"/>	063 <input type="radio"/>	064 <input type="radio"/>	065 <input type="radio"/>
n) Can't concentrate, can't pay attention for long	066 <input type="radio"/>	067 <input type="radio"/>	068 <input type="radio"/>	069 <input type="radio"/>	070 <input type="radio"/>
o) Is too fearful or anxious	071 <input type="radio"/>	072 <input type="radio"/>	073 <input type="radio"/>	074 <input type="radio"/>	075 <input type="radio"/>
p) Is impulsive, acts without thinking	076 <input type="radio"/>	077 <input type="radio"/>	078 <input type="radio"/>	079 <input type="radio"/>	080 <input type="radio"/>

(Continued from previous page)

	never or not true	sometimes or somewhat true	often or very true	DK	Ref
q) Tells lies or cheats	081 <input type="radio"/>	082 <input type="radio"/>	083 <input type="radio"/>	084 <input type="radio"/>	085 <input type="radio"/>
r) Offers to help other children (friend, brother or sister) who are having difficulty with a task	086 <input type="radio"/>	087 <input type="radio"/>	088 <input type="radio"/>	089 <input type="radio"/>	090 <input type="radio"/>
s) Is worried	091 <input type="radio"/>	092 <input type="radio"/>	093 <input type="radio"/>	094 <input type="radio"/>	095 <input type="radio"/>
t) Has difficulty awaiting turn in games or groups	096 <input type="radio"/>	097 <input type="radio"/>	098 <input type="radio"/>	099 <input type="radio"/>	100 <input type="radio"/>
u) Physically attacks people	101 <input type="radio"/>	102 <input type="radio"/>	103 <input type="radio"/>	104 <input type="radio"/>	105 <input type="radio"/>
v) Comforts a child (friend, brother or sister) who is crying	106 <input type="radio"/>	107 <input type="radio"/>	108 <input type="radio"/>	109 <input type="radio"/>	110 <input type="radio"/>
w) Cries a lot	111 <input type="radio"/>	112 <input type="radio"/>	113 <input type="radio"/>	114 <input type="radio"/>	115 <input type="radio"/>
x) Vandalizes	116 <input type="radio"/>	117 <input type="radio"/>	118 <input type="radio"/>	119 <input type="radio"/>	120 <input type="radio"/>
y) Threatens people	121 <input type="radio"/>	122 <input type="radio"/>	123 <input type="radio"/>	124 <input type="radio"/>	125 <input type="radio"/>
z) Is cruel, bullies or is mean to others	126 <input type="radio"/>	127 <input type="radio"/>	128 <input type="radio"/>	129 <input type="radio"/>	130 <input type="radio"/>
aa) Is nervous, highstrung or tense	131 <input type="radio"/>	132 <input type="radio"/>	133 <input type="radio"/>	134 <input type="radio"/>	135 <input type="radio"/>
bb) Will invite bystanders to join in a game	136 <input type="radio"/>	137 <input type="radio"/>	138 <input type="radio"/>	139 <input type="radio"/>	140 <input type="radio"/>
cc) Steals outside the home	141 <input type="radio"/>	142 <input type="radio"/>	143 <input type="radio"/>	144 <input type="radio"/>	145 <input type="radio"/>
dd) Has trouble enjoying him/herself	146 <input type="radio"/>	147 <input type="radio"/>	148 <input type="radio"/>	149 <input type="radio"/>	150 <input type="radio"/>
ee) Takes the opportunity to praise the work of less able children	151 <input type="radio"/>	152 <input type="radio"/>	153 <input type="radio"/>	154 <input type="radio"/>	155 <input type="radio"/>

**SECTION F: Respondent's Health, Feelings and Support**

**F1.** The following questions ask about your general health and smoking habits. If there are any questions you do not wish to answer, please let me know and we'll skip over them. In general, would you say your health is...

- 1 ☐ excellent  
 2 ☐ very good  
 3 ☐ good  
 4 ☐ fair  
 5 ☐ poor  
 6 ☐ DK  
 7 ☐ Ref

**F2.** At the present time do you smoke cigarettes daily, occasionally or not at all?

- 01 ☐ daily → Go to Question F3  
 02 ☐ occasionally  
 03 ☐ not at all  
 04 ☐ DK → Go to Question F4  
 05 ☐ Ref

**F3.** How many cigarettes do you smoke each day now?

cigarettes

- 98 ☐ DK  
 99 ☐ Ref

**F4.** Does anyone else living in your household smoke cigarettes?

- 1 ☐ yes  
 2 ☐ no  
 3 ☐ DK  
 4 ☐ ref

**F5.** Now, some questions about alcohol consumption. During the past 12 months, have you had a drink of beer, wine, liquor or any other alcoholic beverage?

- 5 ☐ yes → Go to Question F6  
 6 ☐ no  
 7 ☐ Ref → Go to Question F9

**F6.** During the past 12 months, how often did you drink alcoholic beverages? Would you say...

- 1 ☐ every day  
 2 ☐ 4-6 times a week  
 3 ☐ 2-3 times a week  
 4 ☐ once a week  
 5 ☐ 2-3 times a month  
 6 ☐ once a month  
 7 ☐ less than once a month  
 8 ☐ DK  
 9 ☐ Ref → Go to Question F9

**F7.** How many times in the past 12 months have you had 5 or more drinks on one occasion?

times

- 998 ☐ DK  
 999 ☐ Ref

**F8.** When was the last time you had a drink? Would you say...

- 1 ☐ within the last week  
 2 ☐ about 1-4 weeks ago  
 3 ☐ about 1-6 months ago  
 4 ☐ more than 6 months ago  
 5 ☐ DK  
 6 ☐ Ref



**F9. INTERVIEWER :** (show respondent page 7 of response booklet)

The next statements describe feelings or behaviours. For each one, please tell me how often you felt or behaved this way during the past week. The responses are rarely or none of the time (less than 1 day), some or a little of the time (1-2 days), occasionally or a moderate amount of time (3-4 days), and most or all of the time (5-7 days).

	rarely or none of the time (less than 1 day)	some or a little of the time (1-2 days)	occasionally or a moderate amount of time (3-4 days)	most or all of the time (5-7 days)	DK	Ref
a) During the past week, I did not feel like eating; my appetite was poor	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) I felt that I could not shake off the blues even with help from my family or friends	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) I had trouble keeping my mind on what I was doing	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) I felt depressed	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) I felt that everything I did was an effort	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) I felt hopeful about the future	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) My sleep was restless	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) I was happy	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) I felt lonely	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
j) I enjoyed life	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
k) I had crying spells	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
l) I felt that people disliked me	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>

**F10. INTERVIEWER :**

For female respondents  
check here

1 ☐ → Go to Question F11

For male respondents  
check here

2 ☐ → Go to Question F42

**F11. These next questions are about pregnancy experiences and support. Are you pregnant or expecting a baby?**

1 ☐ yes → Go to Question F12

2 ☐ no

3 ☐ DK

4 ☐ Ref

→ Go to Question F17A

**F12. Do you know your due date?**

1 ☐ yes → 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 → Go to Question F14

2 ☐ no → Go to Question F13

3 ☐ Ref → Go to Question F14

**F13. Do you know which trimester you are in?**

4 ☐ yes – 1<sup>st</sup> trimester (one to three months)

5 ☐ yes – 2<sup>nd</sup> trimester (four to six months)

6 ☐ yes – 3<sup>rd</sup> trimester (seven to nine months)

7 ☐ no

8 ☐ DK

9 ☐ Ref

**F14. From whom do you receive pre-natal care? (Do not read list. Mark one only.)**

01 ☐ a doctor

02 ☐ a nurse

03 ☐ a midwife

04 ☐ other

05 ☐ nobody

06 ☐ DK

07 ☐ Ref

→ Go to Question F15

→ Go to Question F16

**F15. Is this care sensitive to your culture and traditions?**

1 ☐ yes

2 ☐ no

3 ☐ DK

4 ☐ Ref

**F16. Do you plan to breast feed your baby after birth?**

5 ☐ yes

6 ☐ no

7 ☐ DK

8 ☐ Ref

**F17A. INTERVIEWER :**

if the respondent  
is childless → 1 ☐ Go to Question F40

otherwise → 2 ☐ Go to Question F17B

**F17B. Just to reconfirm, are you (name of child participant's birth mother?) (i.e. Did you give birth to him/her?)**

3 ☐ yes → Go to Question F18

4 ☐ no

5 ☐ Ref → Go to Question F40

**F18. During the pregnancy with (name of child participant) did you suffer from any of the following?**

yes no DK Ref

a) pregnancy diabetes 01 ☐ 02 ☐ 03 ☐ 04 ☐

b) high blood pressure 05 ☐ 06 ☐ 07 ☐ 08 ☐

c) other physical problems 09 ☐ 10 ☐ 11 ☐ 12 ☐

**F19.** From whom did you receive pre-natal care? (Do not read list. Mark one only.)

- 1 ☐ a doctor
- 2 ☐ a nurse
- 3 ☐ a midwife
- 4 ☐ other
- 5 ☐ nobody
- 6 ☐ DK
- 7 ☐ Ref

→ Go to Question F20

→ Go to Question F21

**F20.** At what stage in your pregnancy did you go for pre-natal care? (Mark all that apply.)

- 1 ☐ during the 1st trimester (one to three months)
- 2 ☐ during the 2nd trimester (four to six months)
- 3 ☐ during the 3rd trimester (seven to nine months)
- 4 ☐ DK
- 5 ☐ Ref

**F21.** What was your heaviest weight during your pregnancy with (name of child participant)?

1  kilograms

or

2  pounds

3 ☐ DK

4 ☐ Ref

**F22.** How much did you weigh before becoming pregnant?

5  kilograms

or

6  pounds

7 ☐ DK

8 ☐ Ref

→ Go to Question F24

**F23.** How tall are you?

1  centimetres

or

2  feet 3  inches

4 ☐ DK

5 ☐ Ref

**F24.** Did you smoke during your pregnancy with (name of child participant)?

1 ☐ yes

2 ☐ no

3 ☐ Ref

→ Go to Question F27

**F25.** How many cigarettes per day did you smoke during the pregnancy with (name of child participant)?

cigarettes

98 ☐ DK

99 ☐ Ref

→ Go to Question F27

**F26.** At what stage in your pregnancy did you smoke this amount? (Mark all that apply.)

- 1 ☐ during the 1st trimester (one to three months)
- 2 ☐ during the 2nd trimester (four to six months)
- 3 ☐ during the 3rd trimester (seven to nine months)
- 4 ☐ DK
- 5 ☐ Ref

**F27.** How frequently did you consume alcohol during your pregnancy with (name of child participant)? Would you say...

01 ☐ never → Go to Question F30

02 ☐ less than once a month

03 ☐ 1-3 times a month

04 ☐ once a week

05 ☐ 2-3 times a week

06 ☐ 4-6 times a week

07 ☐ everyday

08 ☐ DK

09 ☐ Ref

→ Go to Question F30

**F28.** On the days when you drank, how many drinks did you usually have?

1 ☐ 1 to 2 drinks

2 ☐ 3 to 4 drinks

3 ☐ 5 or more drinks

4 ☐ DK

5 ☐ Ref → Go to Question F30

**F29.** At what stage in your pregnancy did you consume this quantity? (Mark all that apply.)

01 ☐ during the 1st trimester (one to three months)

02 ☐ during the 2nd trimester (four to six months)

03 ☐ during the 3rd trimester (seven to nine months)

04 ☐ DK

05 ☐ Ref

**F30.** The following are questions concerning (name of child participant)'s birth. Was this a single birth, twins or triplets?

1 ☐ single birth

2 ☐ twins

3 ☐ triplets

4 ☐ more than triplets

5 ☐ DK

6 ☐ Ref

**F31.** What was (name of child participant)'s birth weight?

1  . 2  kilograms

or

3  pounds 4  ounces

5 ☐ DK

6 ☐ Ref

**F32.** Was (name of child participant) born before or after the due date?

1 ☐ before

2 ☐ after

→ Go to Question F33

3 ☐ no

4 ☐ DK

5 ☐ Ref

→ Go to Question F34

**F32.** How many days or weeks (before/after) the due date was he/she born?

days or  weeks

☐ DK

☐ Ref

**F34.** Did this child receive special medical care following birth?

☐ yes → Go to Question F35

☐ no

☐ DK → Go to Question F37

☐ Ref

**F35.** What type of special medical care was received? (Mark all that apply.)

☐ intensive care

☐ ventilation/oxygen

☐ transfer to a specialized hospital

☐ other

☐ DK

☐ Ref

→ Go to Question F37

**F36.** For how many days, in total, was this care received?

days

☐ DK

☐ Ref

**F37.** Compared to other babies in general, would you say that (name of child participant)'s health at birth was...

☐ excellent

☐ very good

☐ good

☐ fair

☐ poor

☐ DK

☐ Ref

**F38.** Did you ever breast feed (name of child participant)?

☐ yes → Go to Question F39

☐ no

☐ DK

☐ Ref

→ Go to Question F40

**F39.** For how long? (Do not read list. Mark one only.)

☐ less than one week

☐ 1-4 weeks

☐ 5-8 weeks

☐ 9-12 weeks

☐ 3-6 months

☐ 7-9 months

☐ more than 9 months

☐ DK

☐ Ref

**F40.** How many times throughout your life have you been pregnant including any pregnancies which did not go full term? Include pregnancy with (name of child participant) include current pregnancy if pregnant.

times

**F41.** How many live births have you had?

child(ren)

**F42.** INTERVIEWER : show respondent page 8 of response booklet. Next are statements about feelings you may or may not have. For each one, please tell me if you strongly agree, agree, disagree, or strongly disagree.

	strongly agree	agree	disagree	strongly disagree	DK	Ref
a) I have little control over the things that happen to me	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) Sometimes I feel that I'm being pushed around in life	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) What happens to me in the future mostly depends on me	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) I often feel helpless in dealing with the problems of life	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) There is little I can do to change many of the important things in my life	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) I can do just about anything I set my mind to	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) There is really no way I can solve some of the problems I have	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>



F43

The following statements are about families and family relationships. For each one, please indicate which response best describes your family: strongly agree, agree, disagree, or strongly disagree

	strongly agree	agree	disagree	strongly disagree	OK	Ref
a) Planning family activities is difficult because we misunderstand each other	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>	04 <input type="radio"/>	05 <input type="radio"/>	06 <input type="radio"/>
b) In times of crisis we can turn to each other for support	07 <input type="radio"/>	08 <input type="radio"/>	09 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c) We cannot talk to each other about the sadness we feel	13 <input type="radio"/>	14 <input type="radio"/>	15 <input type="radio"/>	16 <input type="radio"/>	17 <input type="radio"/>	18 <input type="radio"/>
d) Individuals (in the family) are accepted for what they are	19 <input type="radio"/>	20 <input type="radio"/>	21 <input type="radio"/>	22 <input type="radio"/>	23 <input type="radio"/>	24 <input type="radio"/>
e) We avoid discussing our fears or concerns	25 <input type="radio"/>	26 <input type="radio"/>	27 <input type="radio"/>	28 <input type="radio"/>	29 <input type="radio"/>	30 <input type="radio"/>
f) We express feelings to each other	31 <input type="radio"/>	32 <input type="radio"/>	33 <input type="radio"/>	34 <input type="radio"/>	35 <input type="radio"/>	36 <input type="radio"/>
g) There are a lot of bad feelings in our family	37 <input type="radio"/>	38 <input type="radio"/>	39 <input type="radio"/>	40 <input type="radio"/>	41 <input type="radio"/>	42 <input type="radio"/>
h) We feel accepted for what we are	43 <input type="radio"/>	44 <input type="radio"/>	45 <input type="radio"/>	46 <input type="radio"/>	47 <input type="radio"/>	48 <input type="radio"/>
i) Making decisions is a problem for our family	49 <input type="radio"/>	50 <input type="radio"/>	51 <input type="radio"/>	52 <input type="radio"/>	53 <input type="radio"/>	54 <input type="radio"/>
j) We are able to make decisions about how to solve problems	55 <input type="radio"/>	56 <input type="radio"/>	57 <input type="radio"/>	58 <input type="radio"/>	59 <input type="radio"/>	60 <input type="radio"/>
k) We don't get along well together	61 <input type="radio"/>	62 <input type="radio"/>	63 <input type="radio"/>	64 <input type="radio"/>	65 <input type="radio"/>	66 <input type="radio"/>
l) We confide in each other	67 <input type="radio"/>	68 <input type="radio"/>	69 <input type="radio"/>	70 <input type="radio"/>	71 <input type="radio"/>	72 <input type="radio"/>

TIME STOP

Hour Minute

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(24 hour clock)

## SECTION G. Contacts for follow-up

INTERVIEWER: Transcribe from front page

4 9 2 7

Project Number

Program Number

Sequential Family Number

G1.

The (name of CAPC program) is going to repeat this survey during the next year, and we will want to contact you again.

In case you move or change telephone numbers, it would be helpful if you could provide the name of someone, such as a friend or relative, who could help us contact you.

I want to emphasize that we will contact this person only if you move, and then only to obtain your new address or telephone number.

Given Name: Family Name: Relationship to respondent: Address: 

Street address/rural route

City/Town

Province

Telephone No.:  -  - 

(area code)

**SECTION H: Interviewer's Notes****H1.** Was this interview conducted on the telephone or in person?

☐ on telephone → Go to Question H3

☐ in person → Go to Question H2

☐ both  
(please specify) \_\_\_\_\_

**H2.** Record location of interview:

☐ respondent's home

☐ program site

☐ somewhere else

**H3.** Record language of interview:

☐ English

☐ French

☐ Other (specify) \_\_\_\_\_

**H4.** Was any other person (adult or child) present during this interview?

☐ no

☐ yes, but did not contribute any information

☐ yes, provided language interpretation or translation assistance only

☐ yes, and influenced the respondent's answers to a number of questions

**Comments**

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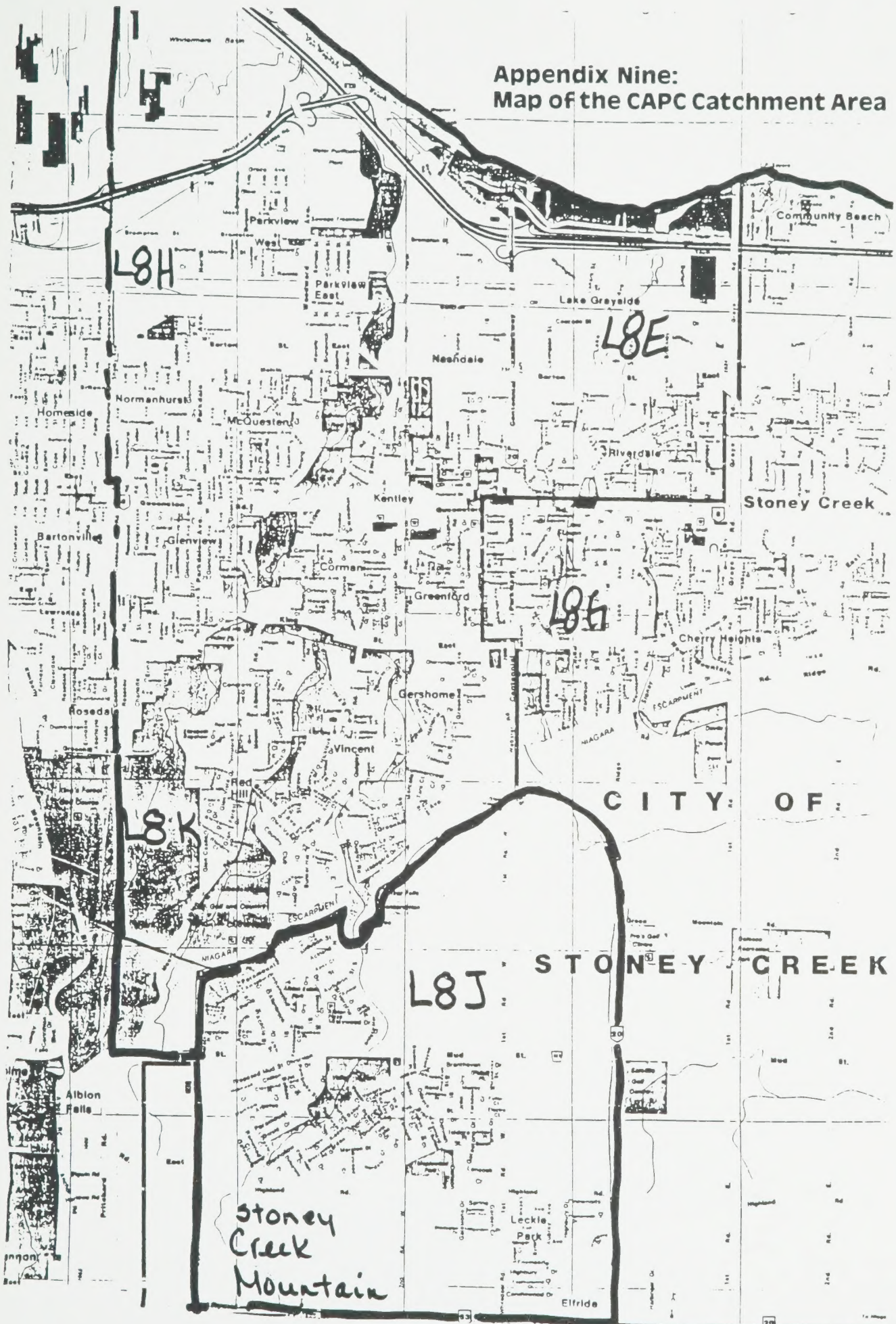
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**APPENDIX NINE**  
**MAP OF CAPC CATCHMENT AREA**





# Appendix Nine: Map of the CAPC Catchment Area



## CAPC Boundaries

East Boundary - Fifty Road  
West Boundary - Strathearn Ave. & Cochrane Road  
North Boundary - to the Lake

## Stoney Creek Mountain:

East Boundary - Centennial Parkway (Hwy. #20)  
West Boundary - Upper Mount Albion Road  
North Boundary - to the Mountain Peak

CAPC Boundaries









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